

Pet Owner Pain Scoring Sheet



Name of pet owner:	Name of pet:
Veterinary practice details:	Postcode:

Fill out this form before treatment for arthritis

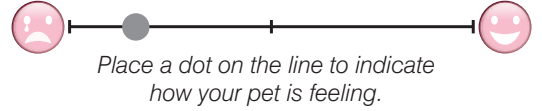


Table One: Behavioural signs before treatment

	Noticeably	Not Really
Has your pet's activity levels decreased?	_____	_____
Is your pet having trouble standing up after rest?	_____	_____
Is your pet having more trouble ascending or descending stairs?	_____	_____
Is your pet tiring more quickly than usual?	_____	_____
Is your pet restless?	_____	_____
Is your pet limping/stiff especially after rest or at the beginning of exercise?	_____	_____
Has your pet changed its grooming habits?	_____	_____

For the veterinary surgeon to fill out:

Does this pet require treatment (Y/N):	Return consultation date:
Treatment Prescribed:	

Before returning to your next consultation, please fill out the table two as part of your pet's assessment

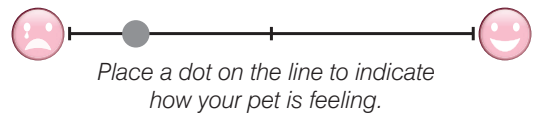


Table Two: Behavioural signs (one month after treatment commences)

	No Change	Much Improved
Has your pet changed its activity levels since using prescribed treatment?	_____	_____
Is your pet still struggling to stand up after rest since using prescribed treatment?	_____	_____
Is your pet still having trouble ascending or descending stairs since using prescribed treatment?	_____	_____
Is your pet still tiring more quickly than usual since using prescribed treatment?	_____	_____
Is your pet still restless since using prescribed treatment?	_____	_____
Is your pet still limping/stiff since using prescribed treatment?	_____	_____
Has your pet changed its grooming habits since using prescribed treatments?	_____	_____

Don't let arthritis stop the adventure...

