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Mobility Questionnaire

In general, how do you rate your pet's heal □ Excellent □ Very good □ Good	lth? □ Fair □ Poor		
Has your pet seen a veterinarian because o □ No □ Yes Details:	f joint pain, stiffness or limping?		
Living in pain can lead to changes in behave would you say your pet (choose one): Seems completely uninterested in its surrout Will show interest, but no longer comes to go Is mostly interested in life and food, but relaply only when encouraged, and not for lood Has no change in personality?	greet you? uctant to play?		
□ Lies very still□ Becomes restless□ Repet	ed? If yes, select all that apply: □ Has difficulty getting up from a lying position □ Shows trembling □ Reluctant to mov □ Repetitively gets up and lies down □ Other:		
Has your pet's appetite or thirst changed? □ Yes □ No			
Does your pet have trouble in areas where □ Cannot manage any steps without assistanc □ Cannot manage a full flight of steps □ Manages a full flight of stairs, but has diffic □ Can only go UPstairs without assistance □ Can only go DOWNstairs without assistance □ No problems on stairs	e □ Cannot jump onto furniture without assistance □ Cannot get into the vehicle without assistance culty □ Has no problems jumping □ Has difficulty posturing to urinate/defecate		
Has your pet become protective of him/her □ Protects hurt body part □ Doesn't put weight on a limb □ Doesn't want to be held or picked up	rself? □ Hides □ Limps □ Other:		
Does your pet have pain, swelling or stiffned ☐ Yes, in many joints ☐ Yes, in a few joint			
☐ Less than 5 minutes ☐ More than 30	es getting tired, starts limping or stops walking? minutes/my pet does not get tired w signs until finished walking and rests for a while		

		of its body more)
		begin slowly or a few months		ly, within d	ays or a few v	veeks
	pain suddenly g ast few days	gotten worse? □ Within t	he past few we	eks	□ Not applic	cable
In the mornin ☐ Yes		ted areas stiff for ☐ There is no mor		alf an hour	r?	
Has your pet : □ No □ Unsu	had joint/bone a	injury or surger letails:	y?)
(Check all that □ Physical acti □ Nutritional s □ Weight mana □ Physical reh □ Cold or heat □ Medication	t apply): ivity/exercise supplements agement abilitation/chiro	ods do you use to	5 ,		a, swelling or	stiffness?
□ Prescription □ Over-the-cou □ Aspirin: □ Glucosamino □ Veterinary jo □ Herbal medi	medication from unter medication e human medication oint supplement cation:	currently give your yet: in: tion (brand): (brand):				
☐ Kidney disea ☐ Active infec ☐ Bladder prob	ase contion continued to the continue c	e following cond Skin disease Lung disease Other:	[] 		ular disease	_
Is there anyth	ing else we sho	uld know about	your pet?			