



Client Specific Outcome Measures

Date:

Client Name:

Patient Name:

Instructions: Pick 3 activities that your dog has difficulty with or behaviors that have changed that you are concerned about (related to pain or mobility); be as specific as possible.

For example: going up stairs at the end of the day; or jumping into the SUV (but can jump in the sedan); or going for a walk more than 15 minutes if there are hills involved; or does not get up to greet me when I come home any longer.

List these 3 activities and then assign a score to each problem. Re-evaluate these specific problems 2-4 weeks after starting or modifying our treatment plan.

| Mobility or behavior problems associated with arthritis or orthopedic disease | No problem 0 | A little problem 1 | Moderate problem 2 | Significant Problem 3 | Cannot do 4 |
|---|-----------------|-----------------------|-----------------------|--------------------------|----------------|
| | | | | | |
| | | | | | |
| | | | | | |