



142/144 Hospital Hill  
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## **INGLIS VETS OSTEOARTHRITIS IN DOGS**

### **Client questionnaire for dogs with mobility problems**

When answering the questions it is important you only tick one box (where applicable). If you are unsure of an answer please speak to a member of staff.

**Owner's Name:**

**Pet's Name:**

**Client number:**

**Breed of pet:**

**Pet's age:**

**Sex: Male ( ) Female ( )**

- 1. When did you notice a change in his/ her mobility?**  
Up to 3 months ( ) 3-6 months ( ) over 6 months ( )
- 2. Does your dog have any other conditions?**  
No ( ) Yes ( ) if yes please list:
- 3. List any current medications:**
- 4. Is your dog quieter or more depressed?**
- 5. Have you noticed any behavioural changes in your dog?**
- 6. Have there been any changes to your dog's sleeping pattern?**
- 7. Can your dog still manage to climb/ descend stairs without showing any difficulties?**
- 8. Is your dog still keen to go for walks?**



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9. How long do your walks normally last?  
10 minutes ( ) 20 minutes ( ) 30 minutes ( ) 40 minutes ( ) 50 minutes ( ) 1 hour+ ( )
10. How many times a day do you walk your dog? Do they get one long walk or a series of shorter walks?
11. What type of exercise is this?  
Always on lead ( ) Mostly on lead ( ) Mostly off lead ( ) Always off lead ( )  
Working ( )
12. Are there any days of the week you do more exercise?
13. On what sort of terrain do you walk?  
Grass ( ) Woodland ( ) Concrete ( ) Even ground ( ) Uneven ground ( )
14. Who limits the extent of your exercise?  
You ( ) Your dog ( )
15. Does your dog go out with a dog walker/ go for pack walks?
16. Do you play ball games/ stick throwing while out on a walk?  
Yes ( ) Sometimes ( ) No ( )

Score chart:

17. How is your dog's mobility in general?  
Very good ( ) Good ( ) Fair ( ) Poor ( ) Very poor ( )



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**18. How severe is your dog's lameness?**

Not at all ( ) Slightly lame ( ) Moderately lame ( ) Severely lame ( )  
Extremely lame ( )

**19. What is the effect of cold, damp weather on your dog's lameness?**

No effect ( ) Mild effect ( ) Moderate effect ( ) Severe effect ( ) Extreme effect ( )

**20. Is your dog stiff after lying down?**

No stiffness ( ) Mild stiffness ( ) Moderate stiffness ( ) Severe stiffness ( )  
Extreme stiffness ( )

**21. What overall effect does exercise have on your dogs lameness?**

No effect ( ) Mild effect ( ) Moderate effect ( ) Severe effect ( ) Extreme effect ( )

**22. How often does your dog rest (stop/ sit down) during exercise?**

Never ( ) Hardly ever ( ) Occasionally ( ) Frequently ( ) Very frequently ( )

**23. What is the effect of your dog's lameness on his/ her ability to exercise?**

No effect ( ) Mild effect ( ) Moderate effect ( ) Severe effect ( ) Extreme effect ( )

**Please rank the following on a scale of 1 to 5:**

**1= very good, 2= good, 3=unsure, 4= poor, 5= very poor**

**1. Your dog's mood, characterised primarily by their willingness to interact with the family is:**

1      2      3      4      5

**2. Your dog's ability e.g. to climb up stairs/ jump in and out of car**

1      2      3      4      5

**3. Your dog's severity/frequency of vocalisations associated with pain is:**

1      2      3      4      5

**4. Your dog's ability to go outside when needing toilet:**

1      2      3      4      5



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**5. Your dog's ability to eat food without any discomfort (are food bowls raised or are they on the ground, does this affect your dogs ability to eat their food):**

**1      2      3      4      5**

**6. Your dog's willingness to play with favourite toys:**

**1      2      3      4      5**

Many thanks for taking the time to complete this questionnaire. Please hand completed questionnaire to member of veterinary staff for interpretation.



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