

## Orthopedic Client Appointment Questionnaire

\* Required

\* This form will record your name, please fill your name.

1. Which VSC/VSCR location are you interested in having your pet evaluated? \*

- Gaithersburg, MD (no Rehabilitation or Sports Medicine at this location)
- Leesburg, VA
- Vienna, VA
- No preference (first available)

2. Owner Name \*

3. Address \*

4. Phone Number \*

5. E-mail Address \*

6. Pet Name \*

7. Pet D.O.B./Age \*

8. Pet Weight \*

9. Species \*

Dog

Cat

10. Pet Breed \*

11. Pet Coat Color \*

12. Pet Sex \*

Male

Male Neutered

Female

Female Spayed

13. Primary Care Veterinarian \*

14. Primary Care Veterinary Practice \*

15. Primary Care Vet Phone Number \*

16. Are there any other veterinarians or veterinary specialists that your pet has been treated by? \*

17. Does your pet have a diagnosis? \*

- Yes
- No (VSC/VSCR is my first stop)

18. Please list any current medications, as well as dosages and amounts per dose \*

19. Pet's activities (please select all that apply) \*

- Agility
- Breeding
- Companion/Pet
- Hunting
- Obedience
- Showing
- Other
- Working Dog

20. If selected "Working Dog", please explain your pet's job.

21. Pet's Illness History / Diagnosis \*

22. When did symptoms begin? \*

23. What are the current symptoms? \*

24. Weight Bearing (Can the animal put pressure on the injured limb(s)? \*

- Yes
- On occasion
- No

25. Swelling (Is there visible swelling on or around the limb(s)? \*

- Yes
- No

26. Have your pet's eating habits changed? \*

- Yes
- No

27. When was the last consultation/visit with your primary veterinarian or veterinary specialist? \*

28. Have you tried any form of pain management/pain medication for this issue yet? \*

Yes

No

29. Has your pet had blood work done within the last six months? \*

Yes

No

30. Have X-rays/imaging been taken of the injured limbs? If Yes, please have your primary care veterinarian send us records via email. \*

Yes

No

31. Does your pet have any other medical conditions? If yes, please describe: \*

32. Has your pet ever been to VSC or VSCR before? \*

Yes

No

33. If Yes, when had your pet seen us and what condition was treated?

34. Are you interested in exploring surgical options? \*

Yes

No

35. If Yes, How soon are you looking to pursue surgical options for your pet's condition?

36. Please upload any relevant veterinary records for your pet here \*

File number limit: 1 Single file size limit: 10MB Allowed file types: Word, Excel, PPT, PDF, Image, Video, Audio

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