

# JOINT QUESTIONNAIRE

## CLIENT INFORMATION

Name	
Address	

## PET INFORMATION

Pet's Name			
Pet's Age			
Breed			
Male/Female		Neutered/Entire	
Current Weight		Ideal Weight	
Body Condition Score (see back of form):			

## ABOUT YOUR PET:

Is your dog displaying changes in their demeanour, e.g. not as playful, irritability etc.? ☐ Yes ☐ No  
If yes, what .....

Does your dog have any difficulty getting up from a resting position? ☐ Yes ☐ No

Are you noticing signs of lameness, e.g. stiffness, limping or 'slowing down'? ☐ Yes ☐ No

Does your dog excessively lick his/her joints? Or have you noticed any saliva staining or swelling over any joints? ☐ Yes ☐ No

Does your dog ever yelp when touched? ☐ Yes ☐ No

Have you noticed any changes in your dog's sleeping pattern (do they sleep longer or wake up in the night, whining etc.?) ☐ Yes ☐ No

## Activity...

Is your dog still keen/excited to exercise/walk? ☐ Yes ☐ No

How often do you exercise/walk your dog each day and for how long? .....

Is your dog on or off the lead when exercising/walking? .....

Does your dog play games at home? ☐ Yes ☐ No  
If yes, what games? .....

Is your dog still willing and excited to interact with these games? ☐ Yes ☐ No

How easy does your dog find it to move during activity? Have you noticed them scuffing their nails, dragging their feet or becoming very tired? ☐ Yes ☐ No

Does your dog appear stiff after activity/exercise? ☐ Yes ☐ No

Is your dog able to jump in to your vehicle, or on the sofa/bed unaided? ☐ Yes ☐ No

Does your dog still like to interact with visitors coming to your home? ☐ Yes ☐ No

Is your dog on any other medication/supplements? ☐ Yes ☐ No

Is your dog on a 'Joint' diet? ☐ Yes ☐ No  
If yes, what diet is this and how long have you fed this for? .....

If no, what diet is your dog on and how long have you fed this for? .....

What is your dog's appetite like? .....

## Is there anything else you have noticed or would like to discuss?

.....

.....

.....

.....