



# Winrock

## ANIMAL CLINIC, P.C.

6415 San Felipe I  
Houston, TX 77057  
Phone: (713)785-5551  
Fax: (713)783-2734

Owner's/Guardian's Name \_\_\_\_\_ Pet's Name \_\_\_\_\_

### Muscle/Skeletal Questionnaire

1. What is the presenting complaint?  
\_\_\_\_\_
2. What is the location of the problem? (i.e. limping on right rear leg)  
\_\_\_\_\_
3. When did it begin/how long has it been going on?  
\_\_\_\_\_
4. What is the severity? (i.e. pet isn't putting weight on leg)  
\_\_\_\_\_
5. What usually triggers the problem? (i.e. after exercise, after laying down for long periods, etc.) \_\_\_\_\_
6. Does anything seem to make the problem worse or more severe?  
\_\_\_\_\_
7. Does anything seem to make the problem better or less severe?  
\_\_\_\_\_
8. Is your pet able to walk on his/her own? \_\_\_\_\_
9. Does your pet seem to be experiencing any pain or discomfort? If yes, on a scale of 1-10, how severe? \_\_\_\_\_
10. Does the problem seem to come and go?  
\_\_\_\_\_
11. Has your pet's head started to tilt to one side recently? \_\_\_\_\_
12. Do your pet's eyes ever move back and forth, or up and down uncontrollably?  
\_\_\_\_\_
13. Has the problem improved at all over time, or has it seemed to progressively get worse?  
\_\_\_\_\_
14. Has your pet eaten today? \_\_\_\_\_
15. Has your pet ever had this kind of problem before? If yes, were any medications given?  
\_\_\_\_\_
16. Have you given you pet any kind of medicine for pain?  
\_\_\_\_\_
17. Is your pet currently on any medications? If so, list:  
\_\_\_\_\_
18. Does your pet have any known allergies?  
\_\_\_\_\_
19. Is your pet kept indoors, outdoors, or both? \_\_\_\_\_
20. What is your pet's current diet? (be specific)  
\_\_\_\_\_
21. On the affected limb, does the muscle appear to be smaller or less pronounced?  
\_\_\_\_\_
22. Has your pet been away from its normal environment, or been around any new animals recently? \_\_\_\_\_