

**PET'S NAME:** .....

**DATE:** .....

Please email the completed form to [scvc@corpdial.co.za](mailto:scvc@corpdial.co.za) a day or two prior to your pet's next treatment or bring it with you on the day of the appointment on .....

**Second/Subsequent acupuncture/laser/rehab/tui-na/chiropractic treatment(s):**

**Any pain or stiffness after the first treatment that lasted longer than 24 hours** (some pain or stiffness for up to 24 hours is normal, some dogs can be very sleepy and others can be full of beans; pain or stiffness lasting longer than 24 hours may indicate that we did too much stimulation so we need to adjust the treatment going forward) .....

**Improvement:**

less pain ☐, less lameness ☐, more mobile ☐, less muscle tension along back ☐ ?

**Stable or continued improvement?** .....

**Any deterioration?** .....

**Number of good days vs bad days during a 7 day period? (Example 7:0, 4:3 or 5:2 – we want to have a majority of good days & see an improvement as treatment continues)** .....

Lameness can be a mechanical issue & not always due to pain. We might not get a significant improvement in lameness but we want to have an improvement in your pet's happiness & so quality of life.

**General demeanour:** happy ☐, wants to play ☐, depressed ☐, quiet ☐, crying/groaning ☐ ?

**Appetite:** normal ☐, reduced ☐ or increased ☐ ?

**Any vomiting or diarrhoea?** .....

**Any increase in thirst?** .....

**Any other problems?** .....

**Does your pet seek cool** (tiles, concrete or in the shade) ☐ **or hot** (beds, carpet or in the sun) ☐ **places to lie or neither** ☐ ?

**Managing with the home physical rehabilitation plan if applicable?** .....

**How much exercise is your pet doing daily?** .....

Regular, daily, consistent amounts of walking is the key; only rest during acute painful periods. Only walking at weekends is more likely to aggravate pain and/or lameness.

Any pain ☐, lameness ☐ or stiffness ☐ after exercise?

Does your pet's lameness get better with exercise? .....

**What doses of any medication are you currently giving?** .....

**What daily supplements are you giving?** .....

**Do you need any more medication or supplements?** .....

**Any problems giving the medication?** .....

**Any other observations?** (On average, the most improvement is seen after the third or fourth acupuncture treatment) .....