

ANIMAL PAIN MANAGEMENT CENTER

LOCATED AT
AMHERST SMALL ANIMAL HOSPITAL

2217 Kensington Avenue
Snyder, NY 14226

Phone: 716-839-1100

E-mail: dstein@vasg.org

www.managingpetpain.com

www.vasg.org

Client

Patient

Date

Please take the time to answer the following questions about your pet's history.

1. Please list any prescription and over the counter medication/supplements/vitamins/herbs your pet is currently taking:

2. How difficult has it been to administer medications to your pet? (easy) 1 2 3 4 5 (impossible)
Pills are easier than liquids Liquids are easier than pills Injectables would be easier than oral medications

3. Has your pet been on any medications that were poorly tolerated/had to be discontinued?

No Yes (please describe)

4. Does your pet have any food allergies? No Yes

5. Has your pet had any major illnesses or injury in the past, including being hit by a car?

No Yes

6. Have any other treatments been utilized for your pet for this condition, including acupuncture, chiropractic, physical therapy, etc.?

No Yes

7. Do you have any other pets at home? Is there anything we need to know about their interactions/relationship?

No Yes

8. Please describe your pet's exercise routine:

Walks? No If Yes: how often? Length: Off leash? Y N

How is your dog after a walk?

9. Please describe your pet's environment: Fenced yard Y N Stairs? Y N

Where does your pet sleep?

Floor surfaces:

10. Does your pet sleep through the night? Y N

11. Does your pet have urine or bowel movement accidents in the house? Y N