



Client Specific Outcome Measures

Client Name: _____ **Date:** _____

Dog's Name: _____

Instructions: Pick 3 activities that your dog has difficulty with or behaviors that have changed that you are concerned about (related to pain or mobility); be as specific as possible. *For example: going up stairs at the end of the day; or Jumping into the SUV (but can jump in the sedan); or Going for a walk more than 15 minutes if there are hills involved; or Does not get up to greet me when I come home any longer.*

List these 3 activities and then assign a score to each problem. Re-evaluate these specific problems 2 - 4 weeks after starting or modifying our treatment plan.

Mobility or behavior problems specific to your dog associated with arthritis or orthopedic disease	No problem 0	A little problem 1	Moderate problem 2	Significant problem 3	Cannot do 4