



Lameness Questionnaire

Date: _____ Phone Number(s): _____

Client (owner): _____ Patient Name: _____

Breed: _____ Age: _____ Sex: _____

Location: _____

Onset/ when lameness first began: _____

Forelimb(s) or hindlimb(s)? _____ 1 or both: _____

Weight bearing? Yes ___ No ___ If no, please call the emergency line.

Severity of lameness: mild, moderate, severe, varying

Intermittent or constant? Getting worse or staying the same?

Swelling? Yes ___ No ___ If so, where? _____

Is there any heat? Yes ___ No ___

Wound present? Yes ___ No ___

If so, where? Please describe: _____

Treatment given so far:

When was your horse last shod/trimmed? Were any changes made?



Has the lameness caused performance issues? If so, what?

Has your horse been evaluated for saddle fit? If so, when?

Has your horse ever had joints injected? If so, when? Which joints?

Has your horse received routine body work? If so, when and what type of treatment was performed?

Additional History/Comments: