

Patient Name:

Client Name:



**Sports Medicine & Rehabilitation Service
Progress Report**

On a scale of 1 to 10, with 1 being the problem is resolved and 10 being the problem became worse, please rate your pet's progress since the last evaluation:

On a scale of 1 to 10, with 1 being minimal pain and no limitations to your pet's activities and 10 being severe pain affecting all activities and limiting quality of life, please rate your pet's progress since the last evaluation:

Please list all medications currently being given (include name, dosage, and frequency):

Please list all supplements currently being given (include the name/brand, dosage, and frequency):

Please list diet and treats given (include the name/brand, amount given, and how often):

Please provide us with an update on your pet's current activity, including any home exercises that are being performed. Please be as specific as possible and include frequency, length of time and days of the week of each activity.

Has there been changes in activity since the last evaluation? **Yes** **No**

If so, please

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Has your pet met the goals set at your last evaluation? **Yes** **No**

If so, please explain:

Client Signature

Date