

SUSPICION OF CHRONIC PAIN

1. _____

2. _____

3. _____

behaviour change

1. _____

2. _____

3. _____

posture and physical appearance change

CHRONIC PAIN

capability change

1. _____

2. _____

3. _____

gait change

1. _____

2. _____

3. _____

Due to the above observations, I am concerned this dog in my care is showing signs of an underlying clinical condition. I am requesting their owner returns to see you to discuss further.

Kind Regards

NAME: _____

PROFESSION: _____

DOG'S NAME: _____

DATE: _____