

Implant-Associated Infection Examination

Date: _____

Patient name: _____

Breed: _____ Age: _____yrs Sex: M F NM FS

Pet owner's name: _____

Patient history (client's report): please check or fill out the following questions

1. What type of surgery did your pet previously have that is currently infected?

2. What is the location of the metal implants of concern? _____
3. Severity of lameness on affected limb at home? Mild Moderate Severe
Nonweight-bearing None
4. If lame, which limb is your pet limping on? Left hind Right hind Left fore Right fore Not applicable
5. If lame, how long has the lameness been present? _____
6. Does the pet cry out in pain? No Yes If yes state when and how often: _____
7. Is there swelling at the previous surgical site? No Yes
8. Is there any drainage at the surgical site? No Yes
9. How long after surgery did the infection start: _____
10. Vaccinations completed within the past 12 months? Yes No
11. Is the pet current on Heartworm test and prevention? Yes No
12. Does the pet receive any flea and/or tick medication? Yes No
13. Do you give your pet nutritional supplements? Yes No
List: _____
14. Has your pet received aspirin with the past week? No Yes
15. Has your pet received any nonsteroidal anti-inflammatory (NSAID) medication (i.e. Rimadyl, Carprofen, Metacam, Previcox, Deramaxx)? No Yes
List: _____
16. If given, how much did the NSAID improve the lameness? Not applicable 0%
25% 50% 75% 100%
17. List antibiotics that your pet previously received and the dates/duration of each treatment.

18. How is your pet's appetite? Normal Decreased
19. Has your pet's weight changed in the last 2 months? No Increased Decreased
Amount of weight change: _____ lbs
20. Has your pet anesthetized previously? No Yes
21. Were there any problems during anesthesia previously? No Yes Not applicable
Describe: _____
22. Has your pet ever been outside of Michigan in his/her life time? No Yes Location: _____

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To be completed by Veterinary staff:

Temperature: _____ Pulse: _____ Mucous membrane color: _____

Body weight: _____ pounds

Resp: _____ Capillary refill time: _____ seconds

Body score: _____/9

Examination findings:

Diagnostic and therapeutic plan: