

**Animal Pain Consultation Questionnaire**

Cornell Comparative Pain Medicine Program &  
Animal Pain Management Service of the  
Cornell University Hospital for Animals  
Ithaca, NY 14853

Andrea L. Looney, DVM, DACVA

Phone number: 1-607 253-3296 (this is a non emergency voice mail only number)

Fax: (607) 253-3289

Email: [animalpainhelpdesk@cornell.edu](mailto:animalpainhelpdesk@cornell.edu)

More information on our service is on the web at [www.vet.cornell.edu](http://www.vet.cornell.edu)

Please answer the following questions and send this form (mail/fax/email) back to us. Following receipt of this document, we will call you to arrange an appointment or further consultation. Other specific questions about your pet's problem(s) may also be asked during this initial phone call and subsequent appointment.

**Today's date:**

**Owner information:**

Your Last name:

Your First name:

Address:

Phone numbers Home:

Work:

Cell:

How would you prefer to be contacted?

How long have you owned this pet?

Where did you acquire this pet from? \_\_\_ Shelter \_\_\_ Breeder \_\_\_ Friend

\_\_\_ Pet Shop or store \_\_\_ Family \_\_\_ Found \_\_\_

Is this your first pet?

**Pet information:**

Your pet's name:

Species: canine \_\_\_\_\_ feline \_\_\_\_\_

Breed:

Date of birth:

Sex: Neuter \_\_\_\_\_

Spayed \_\_\_\_\_

**Who is your regular veterinarian?**

Dr. \_\_\_\_\_

Clinic Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**Would you like us to contact your regular veterinarian regarding this consultation?**

**What is the main problem in your pet for which you are seeking help, assistance, diagnosis or treatment (chief complaint)?**

**History and general helpful information for this animal/pet:**

**Additional animal household family members:**

Are there other pets in the household? Yes \_\_\_\_\_ No \_\_\_\_\_ if yes, list species:

Does your pet interact regularly with these other pets?

Does your pet have negative interactions with any of these pets? \_\_\_Yes \_\_\_No  
if yes, please explain:

**Additional human family members:**

List the people (including yourself) living in the household; if possible, give their approximate ages.

What is the frequency of contact with human family members prior to the illness?

- \_\_\_ very often
- \_\_\_ often
- \_\_\_ sometimes
- \_\_\_ hardly ever
- \_\_\_ never

What is the frequency of contact with human family members after the illness?

- \_\_\_ very often
- \_\_\_ often
- \_\_\_ sometimes
- \_\_\_ hardly ever
- \_\_\_ never

**Exercise and grooming:**

Does your pet go outdoors? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes,

- \_\_\_\_\_ on a leash
- \_\_\_\_\_ fenced in yard/pen
- \_\_\_\_\_ free roaming
- \_\_\_\_\_ outside, unleashed but supervised
- \_\_\_\_\_ pet door with free access to outside and inside

How many times per day is your pet allowed outside?

Who takes your pet outside?

What percentage of time does your pet spend outside?

Describe your pet's exercise level:

- \_\_\_None \_\_\_Minimal \_\_\_Moderate \_\_\_Strenuous

Which best describes your pet's willingness to participate in play?

- \_\_\_ very willing
- \_\_\_ willing
- \_\_\_ reluctant
- \_\_\_ very reluctant
- \_\_\_ doesn't participate at all

Is your pet a therapy or service animal?

If so, what are its normal tasks?

Is your pet a work animal?  
If so, what are its normal tasks?

What does your pet do for fun? Is he/she able to do this activity consistently?

Is your pet groomed regularly? Yes \_\_\_\_\_ No \_\_\_\_\_ Frequency \_\_\_\_\_  
What types of tools are used?  
How often do you bathe your pet?  
What shampoos/rinses are used?

**Travel:**

Has your pet traveled outside of New York or New England? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, where?

Is this travel regular for your pet?

How does the pet travel?  
\_\_\_ loose in vehicle  
\_\_\_ restrained in seat  
\_\_\_ restrained in Carrier

Does your pet travel to  
\_\_\_ dog shows  
\_\_\_ groomers  
\_\_\_ boarding kennels  
\_\_\_ dog parks  
\_\_\_ schools or nursing homes  
\_\_\_ other:

**Environment:**

How would you describe the household environment from your pet's perspective? (Check all that apply):  
\_\_\_ Calm \_\_\_ Hectic \_\_\_ Quiet \_\_\_ Loud \_\_\_ Stressful \_\_\_ Chaotic \_\_\_ Lonely  
\_\_\_ Entertaining \_\_\_ Boring \_\_\_ Relaxing \_\_\_ Angry \_\_\_ Happy \_\_\_ Safe \_\_\_ Scary

Describe an average or typical 24 hour day for you pet prior to its illness:

Describe an average or typical 24 hour day for your pet after its illness:

Have there been any major changes in the pet's household or environment recently?  
(marriage, children, deaths, moving, new baby or pet?) \_\_\_ yes \_\_\_ No  
if yes, please explain:

What is your living situation? \_\_\_ Apartment \_\_\_ Townhouse/Condo \_\_\_ House  
with small yard \_\_\_ House with large yard \_\_\_ Farm \_\_\_ Trailer \_\_\_ Other:

How old is your home?

How long has your pet lived in this home?

Outside environment is \_\_\_grass \_\_\_concrete \_\_\_gravel \_\_\_mix \_\_\_woods \_\_\_

Is there any herbicide, pesticide, or chemical growth enhancer used in the outside environment? \_\_\_Yes  
\_\_\_No

if yes, please explain:

Where does your pet sleep?

Where does your pet spend a majority of its day?

**Behavior and Personality traits:**

Please check all that apply in terms of your pet's overall or historical personality:

\_\_\_Nervous \_\_\_Shy \_\_\_Friendly \_\_\_Quick tempered \_\_\_Even tempered \_\_\_Placid  
\_\_\_High energy \_\_\_Lazy \_\_\_Tired \_\_\_Happy \_\_\_Sad \_\_\_Fearful \_\_\_Sweet \_\_\_Silly  
\_\_\_Mean \_\_\_Stubborn \_\_\_Protective \_\_\_Loves everyone \_\_\_One person pet \_\_\_Afraid  
\_\_\_Other:

What was your pet's general attitude prior to the problem?

Friendly	Painful	Cautious	Anxious	Scared

What is your pet's general attitude after the problem?

Friendly	Painful	Cautious	Anxious	Scared

How would you classify your pet's current mood?

\_\_\_very alert  
\_\_\_alert  
\_\_\_neither alert nor indifferent  
\_\_\_indifferent  
\_\_\_very apathetic; totally uninterested

Who are the people in the family of most importance (positive and negative) to your pet?

Do you think your pet enjoys his/her life?

**Appetite and food/water intake:**

How has your pet's appetite been prior to the illness or problem?

\_\_\_very good  
\_\_\_good  
\_\_\_neither good or poor  
\_\_\_poor  
\_\_\_very poor

How is your pet's appetite after the illness or problem?

\_\_\_very good  
\_\_\_good  
\_\_\_neither good or poor

\_\_\_poor  
\_\_\_very poor

When did the appetite change?

What is your pet's normal diet? Frequency?

What other intake does your pet have? (chewies, treats, bones, etc.)  
Frequency?

Is your pet drinking normal/usual amounts of water? Yes\_\_\_\_\_ No\_\_\_\_\_  
if no, is he/she drinking more than usual\_\_\_\_\_ Less than usual\_\_\_\_\_  
Not drinking\_\_\_\_\_

Is your pet exhibiting any abnormal cravings? (grass, stones, sticks, fabric, metal, etc)

What is your pet's weight? Last taken?

How would you classify your pet's body "score" or condition: (this will require feeling the animal's ribs and sides)

- \_\_\_(1) very thin, emaciated= ribs easily seen and palpable with no fat between skin and ribs
- \_\_\_(2) underweight=ribs easily palpable but body fat present
- \_\_\_(3) ideal=ribs barely palpable with slight fat cover
- \_\_\_(4) overweight=ribs difficult to feel due to moderate fat cover
- \_\_\_(5) obese=ribs and other bones cannot be seen or felt due to excessive fat

Has your pet lost weight? Yes\_\_\_\_\_ No\_\_\_\_\_  
Approximate amount lost:

Has your pet gained weight? Yes\_\_\_\_\_ No\_\_\_\_\_  
Approximate amount gained:

How often is fresh water offered this pet?

What type of water is supplied to this pet? (tap, rain, filtered, faucet, etc.)

Where is the pet fed and watered?

What type of bowls/dishes do you use to feed and water this pet?

**General medical history:**

When did your pet last see a veterinarian?

Pet was taken to a veterinarian because:

The general behavior of the pet in the veterinary office and during exam is:

- \_\_\_very good; well behaved
- \_\_\_good
- \_\_\_apathetic
- \_\_\_cautious; might bite or scratch
- \_\_\_very cautious, aggressive, frightened

Approximate age of spay and neutering:

If your pet is “intact”, date of last heat cycle:

If your pet is “intact”, has it been bred? \_\_\_No \_\_\_Yes;  
if yes, date of last breeding:

Vaccinations and approximate dates of administration:

DHLCP (Distemper Hepatitis Adenovirus Leptospirosis Coronavirus Parvovirus)

FVRCP (Feline Viral Rhinotracheitis Calicivirus Panleukopenia)

Rabies

Feline Leukemia

Lyme Disease vaccine

Bordatella (Kennel cough vaccine)

Other vaccines (Giardia, Microsporum, FIV, etc.)

Current illnesses, problems or diseases that your pet is suffering from:

Past or prior illnesses, problems, or diseases that your pet has suffered from:

Does your pet have any known allergies (foods or drugs)?

Has your pet had any surgical procedures or “operations”?

Current medications: (Very important: please research and fill this information as completely as possible; this will help prevent any drug interactions and help us determine if your pet’s current medications are playing a role in its illness or its wellness)

Heartworm preventative\_\_\_\_\_ specify type and frequency/duration

Flea/tick preventative\_\_\_\_\_specify type and frequency/duration

Eye and ear medications\_\_\_\_\_specify type and frequency/duration

Behavior medication\_\_\_\_\_specify type and frequency/duration

Endocrine medication\_\_\_\_\_specify type and frequency/duration

Pain medication\_\_\_\_\_specify type and frequency/duration

Cardiac medication\_\_\_\_\_specify type and frequency/duration

Gastrointestinal medication\_\_\_\_\_specify type and frequency/duration

Urogenital medication\_\_\_\_\_specify type and frequency/duration

Antibiotics\_\_\_\_\_specify type and frequency/duration

Steroids or immunosuppressants\_\_\_\_\_specify type and frequency/duration

Herbal/Homeopathic/Nutraceutical:\_\_\_\_\_specify type and frequency/duration

Dermatologic medications\_\_\_\_\_specify type and frequency/duration

Other(food additives, dietary supplements, vitamins)\_\_\_\_\_specify type and frequency/duration:

Over the counter medications given occasionally or regularly:\_\_\_\_\_specify type and frequency/duration

Does your pet have trouble taking pills, capsules, liquids orally?

Is your pet coughing? Yes\_\_\_\_\_ No\_\_\_\_\_

When did this start? \_\_\_\_\_ Frequency?

Check all that apply:

- Worse with exercise or excitement
- Random times during the day
- dry cough
- Often productive
- Honking cough
- gagging common

Is your pet sneezing? Yes\_\_\_\_\_ No\_\_\_\_\_

When did this start? \_\_\_\_\_ Frequency?

Check all that apply:

- Worse with eating
- Worse with exercise or excitement
- Random times during the day
- discharge from \_\_\_one or \_\_\_both nostrils

Is your pet vomiting? Yes\_\_\_\_\_ No\_\_\_\_\_

When did this start? \_\_\_\_\_ Frequency?

Check all that apply:

- Undigested food
- Clear liquid
- Bile (yellow fluid)
- Blood
- Immediately after eating/drinking
- After eating/drinking
- Unrelated to eating or drinking
- Heaving
- Gagging

Regurgitates

Does your pet have abnormal bowel movements? Yes  No

When did this start? Frequency?

Check all that apply:

- Softer than normal
- Diarrhea
- Contains mucus
- Contains blood
- Harder than normal
- Color very dark
- Large puddles a few times per day
- Small amounts very frequently
- Strains to defecate
- Attempts to defecate but non productive

Does your pet urinate normally? Yes  No

When did this start? Frequency?

Check all that apply:

- more than usual
- less than usual
- straining
- bloody
- discharge
- accompanied by increased thirst or drinking
- not producing urine
- difficult posturing to urinate
- dribbles
- incontinent
  - when sleeping
  - while walking
  - while sitting

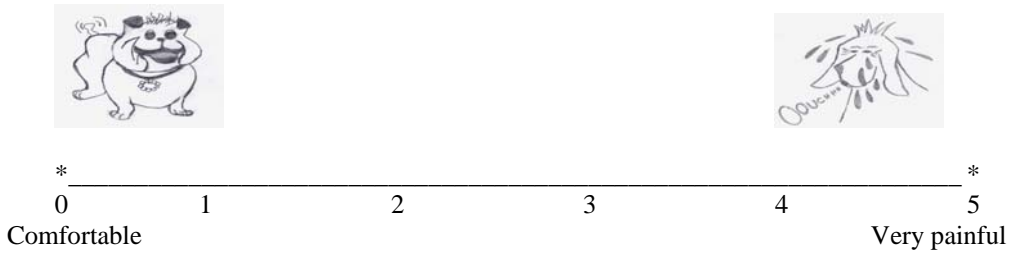
Additional comments regarding general health: please check all that apply

- Pants more than normal
- Licks lips repetitively
- Swallows repetitively
- Breaths rapidly at rest
- Unsure of vision
- Unsure of hearing ability
- Seems depressed or dull
- Seems agitated or anxious
- Seizures
- Tremors
- Frequently lame
- Slow or weakened mobility
- Muscle twitching
- Eyelid blinking motion
- Eyeball rolling or rotating motion
- Collapses or faints
- Recumbent or unable to walk
- Trouble transitioning from sit to stand or rising after being recumbent (& vice versa)
- Difficulty jumping
- Difficulty climbing
- Can't roll over easily
- Unable to scratch with hind legs

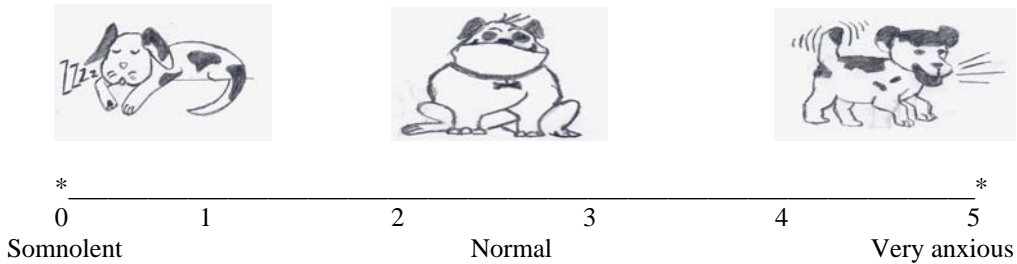
- Turns quickly to attend to tail, tail base, rectal area, etc.
- Can't turn quickly to attend to tail, tail base, rectal area, etc.
- Swollen limbs
- Swollen abdomen
- Swollen face
- Pacing or restless
- Barking, crying, whimpering, moaning regularly
- Overly attentive (licking, chewing) to a certain area
- Lags behind on walks
- Appears stiffened
- Trouble posturing to urinate or defecate
- Snors excessively
- Drinking too much or too frequently
- Drinking too little or less frequently than normal
- Eating more than normal
- Not eating enough
- Moves awkwardly
- Spastic gait
- Uncoordinated gait

**ABOUT YOUR PETS PAINFUL CONDITION:**

Can you note on the scale below with an "x" how much pain you believe your pet is feeling?



Can you note on the scale below with an "X" how much anxiety your pet is feeling?



What makes you think that your pet is in pain?

Where do you believe your pet's pain is originating from?

Is the pain localized in one area?

Is the pain generalized to “sections” of the body?

Is your pet painful when touched anywhere?

Describe the symptoms you see when your pet “suffers” or “is in pain”

How frequently do you notice these symptoms?

Are the symptoms episodic?

If so, specific times you notice the symptoms?

Duration of “episodes” (how long does each “painful event” occur?)

Are the symptoms constant?

What are your (re)actions when you notice these symptoms?

When did these painful symptoms start?

Was there a known event that triggered the pain? (e.g., vehicle trauma, torn toe nail)

Does the pain seem to appear or disappear with certain activities/times/weather? (for instance, touching your cat’s ear makes him moan and hiss)

Has your regular vet seen your pet for this problem? Yes \_\_\_\_\_ No \_\_\_\_\_ if  
yes, who is this and when was your pet seen by him/her?

Have other veterinarians been seen for this problem? Yes \_\_\_\_\_ No \_\_\_\_\_ if yes, who were  
they and when was your pet seen by them?

Here’s a list of common diagnostic tests that may have been performed in the recent past; please  
mark which tests have been performed. If possible, obtain the results for each and include them  
(in hard copy or electronic form) with the completed returned questionnaire.

\_\_\_ Bloodwork

\_\_\_ Imaging

\_\_\_ Radiographs or x-rays

\_\_\_ Ultrasound

\_\_\_ MRI

CT scan  
 Other tests:

What treatments have been attempted to relieve this pain; when were they accomplished?

**About us:**

How did you receive this questionnaire or learn about our services?

Senior veterinary student  
 Another clinician:  
 Web  
 Referring veterinarian

Thank you for completing this questionnaire. Our specialists will review your answers and associated labwork/imaging studies. We will be in touch with you within 2 days of receipt of these documents. It is often reasonable for an appointment to be arranged with the Animal Pain Management Service once we review this document. The answers you have provided will greatly assist us in helping your pet.