

Kimberley 8301 Tel: 053 832 5711 A/H: 082 899 0009

16 Dalham Road

A/H: 082 899 0009 www.kimvet.co.za accounts@kimvet.co.za

Canine Pain Score Card

| Date: |
|-------|
| |

Getting To Know Your Dog

Please complete the following form and email it to one of our listed email addresses or hand it to reception when you arrive for your appointment. If there are certain things you do not know or cannot answer, please feel free to leave those sections blank. Thank you for trusting us with your furry friend.

We look forward to seeing you!

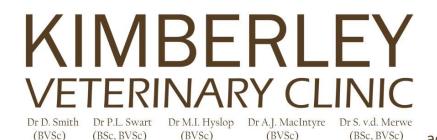
| Your Dog | 's Name: | OWNER DETAILS | 5: | | | |
|-----------------------------------------------|----------|-----------------------------------|----|-------------|-----|---|
| Name and Surname: Preferred Contact Number | | | | | | |
| Email Address: | | | | | | |
| | | PET DETAILS: | | | | |
| Age/Date of Birth: Breed: | | Male / Female Description/Colour: | | Sterilised: | Υ / | N |

The Glasgow Canine Composite Measure Pain Scale, which can be applied quickly and reliably in the home or in the clinic setting, has been designed to determine whether your dog is in pain. It includes different categories, either behavioural or physical. Within each category, the descriptors are ranked numerically according to their associated pain level and the person carrying out the assessment chooses the descriptor within each category which best fits their dog's behaviour and condition. It is important to carry out the assessment protocol closely.

The pain score is the sum of the rank scores.

Please answer all the questions in each category as thoroughly and honestly as possible. The only way we can successfully help your dog is if we work together to find the perfect solution.





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GLASGOW CANINE COMPOSITE MEASURE PAIN SCALE

Choose the most appropriate option from each section and, right at the end, total the scores to calculate the pain score for your dog. If more than one option applies, choose the higher score.

LOOK AT YOUR DOG IN HIS/HER CAGE, BED OR WHILE RESTING:

| 1. | IS YOUR DOG: | | | | |
|------------------------------------------------------------------------------------------|-------------------------------------------------------------|----------|--|--|--|
| | Quiet | 0 | | | |
| | Crying / whimpering | 1 | | | |
| | Groaning | 2 | | | |
| | Screaming | 3 | | | |
| | | | | | |
| 2. | IS YOUR DOG: | | | | |
| | Ignoring wo <mark>und or pa</mark> inful a <mark>rea</mark> | 0 | | | |
| | Looking at wound or painful area | 1 | | | |
| | Licking wou <mark>nd o</mark> r painful area | 2 | | | |
| | Rubbing wo <mark>und or painful</mark> area | 3 | | | |
| | Chewing wo <mark>und or painf</mark> ul area | 4 | | | |
| | | | | | |
| | DUT YOUR DOC ON A LEAD AND WALK AROUND SITUED OUTSIDE! | INDOORS: | | | |
| | PUT YOUR DOG ON A LEAD AND WALK AROUND EITHER OUTSIDE/ | INDOORS: | | | |
| 3. | WHEN YOUR DOG RISES/WALKS, IS YOUR HE/SHE: | | | | |
| | Normal | 0 | | | |
| | Lame | 1 | | | |
| | Slow/reluctant | 2 | | | |
| | Stiff | 3 | | | |
| | He/she refuses to move | 4 | | | |
| | | | | | |
| 4. If your dog has a painful area, including abdomen, apply gentle pressure about 4cm ar | | | | | |
| | DOES YOUR DOG: | | | | |
| | Do nothing Do nothing | 0 | | | |
| | Look around | 1 | | | |
| | Flinch | 2 | | | |
| | Growl or guard area | 3 | | | |
| | Snap | 4 | | | |
| | Cry | 5 | | | |
| | | | | | |



KIMBERLEY VETERINARY CLINIC

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OVERALL:

5. IS YOUR DOG:

| Happy and content/happy and bouncy | 0 |
|--------------------------------------------|---|
| Quiet | 1 |
| Indifferent/non-responsive to surroundings | 2 |
| Nervous/anxious/fearful | 3 |
| Depressed/non-responsive to stimulation | 4 |









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