

MULTIMODAL MANAGEMENT FOR:

NAME:

VETERINARY SURGEON:

DATE:

PET'S NAME:

TREATMENT	✓	RECOMMENDATION	DOSE (How Much/How Often)
NSAID			Give:
ADDITIONAL PAIN RELIEF			Give:
SUPPLEMENT			Target:
WEIGHT		Target:	
EXERCISE RECOMMENDATION		How much:	How often:
CHANGES AT HOME			
COMPLEMENTARY THERAPIES			
OTHER RECCOMENDATIONS			
MONITOR IMPROVEMENT Video/ questionnaire/ pain score			
NEXT APPOINTMENT		Date:	With:

NOTES:
