

Many signs of chronic pain are non-specific. Make sure to see your vet to rule out other disease as a cause of these signs.

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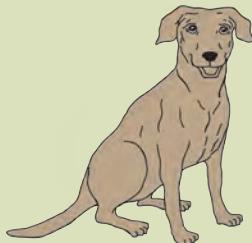
No Pain



1-2

Mild Pain

Speak to your vet during your next appointment



3-4

Moderate Pain

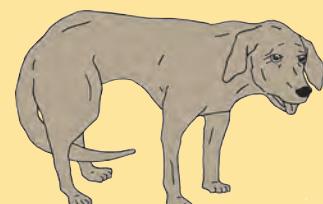
See your vet to assess pain



5-6

Moderate to Severe Pain

CONCERNING! See your vet



7-8

Severe Pain

VERY CONCERNING! See your vet



9-10

Worst Pain Possible

EMERGENCY! See your vet



<input type="checkbox"/> <b>B:</b> Breathing normally	<input type="checkbox"/> <b>A:</b> Eating and drinking normally
<input type="checkbox"/> <b>E:</b> Eyes bright and alert	<input type="checkbox"/> <b>A:</b> Happy; interested in surroundings and playing; seeks attention
<input type="checkbox"/> <b>A:</b> Walks normally on all four legs; no lameness present	<input type="checkbox"/> <b>P:</b> Comfortable at rest and during play; perky ears and wagging tail
<input type="checkbox"/> <b>A:</b> Engages in play and all normal activities	<input type="checkbox"/> <b>P:</b> Enjoys being touched and petted; no body tension present

<input type="checkbox"/> <b>B:</b> Breathing normally	<input type="checkbox"/> <b>A:</b> Eating and drinking normally
<input type="checkbox"/> <b>E:</b> Eyes bright and alert	<input type="checkbox"/> <b>A:</b> Happy and engaged, may seem a little more subdued with some "off" moments interspersed with normal behaviors
<input type="checkbox"/> <b>A:</b> Walks normally; may exhibit very subtle lameness when walking	<input type="checkbox"/> <b>P:</b> May show occasional shifting of position; tail may be down just a little more, ears slightly flatter
<input type="checkbox"/> <b>A:</b> May show first signs of being just a little more slow to lie down or rise up (subtle!)	<input type="checkbox"/> <b>P:</b> Enjoys being touched and petted; no body tension present

<input type="checkbox"/> <b>B:</b> May pant intermittently	<input type="checkbox"/> <b>A:</b> Appetite more finicky, such as wanting only treats or "people" food
<input type="checkbox"/> <b>E:</b> Eyes slightly more dull in appearance; can have a slightly furrowed brow	<input type="checkbox"/> <b>A:</b> Subdued; engages less or does not initiate play
<input type="checkbox"/> <b>A:</b> Noticeably slower to lie down or rise up; may exhibit lameness when walking	<input type="checkbox"/> <b>P:</b> Difficulty squatting or lifting leg to urinate, subtle changes in posture; tail more tucked and ears more flattened
<input type="checkbox"/> <b>A:</b> May be slightly unsettled and more restless; difficulty getting comfortable; shifting weight	<input type="checkbox"/> <b>P:</b> Does not mind touch except on painful area; turns head to look where touched; mild body tension

<input type="checkbox"/> <b>B:</b> Panting often noted, possibly with an increased breathing effort	<input type="checkbox"/> <b>A:</b> Will frequently lose appetite
<input type="checkbox"/> <b>E:</b> Dull eyes, worried look	<input type="checkbox"/> <b>A:</b> Anxious, unsettled or restless; unable to settle or sleep well
<input type="checkbox"/> <b>A:</b> Very slow to rise up and lie down; hesitation with movement; difficulty on stairs; reluctant to come when called; more obvious lameness	<input type="checkbox"/> <b>P:</b> Abnormal weight distribution when standing; difficulty posturing to eliminate; arched back, tucked belly, head hanging low; tucked tail; frequently shifts positions; ears more flattened
<input type="checkbox"/> <b>A:</b> Not eager to interact but may be in tune with surroundings; obvious lameness when walking; may lick painful area	<input type="checkbox"/> <b>P:</b> Pulls away painful area when touched; moderate body tension when being touched

<input type="checkbox"/> <b>B:</b> Faster breathing rate with more noticeable effort; frequent panting episodes common	<input type="checkbox"/> <b>A:</b> Loss of appetite; may not want to drink
<input type="checkbox"/> <b>E:</b> Dull eyes, may also have distressed look	<input type="checkbox"/> <b>A:</b> Agitated, fearful, worried, reclusive, potentially aggressive
<input type="checkbox"/> <b>A:</b> Obvious difficulty rising up or lying down; will not bear weight on affected leg; avoids stairs; obvious lameness	<input type="checkbox"/> <b>P:</b> Tail tucked, ears flattened or pinned back; abnormal posture when standing; more hesitant to move or stand
<input type="checkbox"/> <b>A:</b> Avoids interaction with family or environment; will often "go off" or hide; may frequently lick painful area	<input type="checkbox"/> <b>P:</b> Significant body tension when painful area touched; may vocalize in pain; guards painful area by pulling away or changing position

<input type="checkbox"/> <b>B:</b> Panting; increased breathing rate and effort	<input type="checkbox"/> <b>A:</b> No interest in food or water
<input type="checkbox"/> <b>E:</b> Dull eyes; may have panicked look	<input type="checkbox"/> <b>A:</b> Extremely depressed or minimally responsive ("flat out"); may vocalize in pain; in distress at rest
<input type="checkbox"/> <b>A:</b> May refuse to get up; may not be able to (or willing to) take more than a few steps; will not bear weight on painful limb	<input type="checkbox"/> <b>P:</b> Prefers lying position or being on side; flat or pinned ears; may prefer to be very tucked up or stretched out
<input type="checkbox"/> <b>A:</b> Difficulty in being distracted from pain, even with gentle touch or soothing voice	<input type="checkbox"/> <b>P:</b> Severe body tension when touched; will not tolerate touch of painful area; becomes fearful when other areas that are not painful are touched

Specific behaviors or physical changes I see:

Breathing: \_\_\_\_\_

Eyes: \_\_\_\_\_

Ambulation: \_\_\_\_\_

Activity: \_\_\_\_\_

Appetite: \_\_\_\_\_

Attitude: \_\_\_\_\_

Posture: \_\_\_\_\_

Palpation: \_\_\_\_\_