



**OWNER FEEDBACK- Small Animal Evaluation Form**

We at Vet-Stem continually strive to improve the quality of our Stem Cell Therapy. Your feedback regarding your pet is an invaluable aspect of the development of this treatment option. Please take a few moments to complete this form at each examination time point, before treatment is especially important and at about 30 days, 60 days, and 90 days after treatment. Please return the completed form **at each time point**. Fax to Vet-Stem at (858) 748-2005 or send to the address below.

Date of Exam: \_\_\_\_\_ Animal Name: \_\_\_\_\_ Vet Name: \_\_\_\_\_

Owner Name: \_\_\_\_\_ Owner Signature: \_\_\_\_\_

**Please complete the following section at the time of exam (BEFORE AND AFTER TREATMENT).**

(Circle one NUMBER per line)	Normal or No Problem	Mild Problem	Moderate Problem	Severe Problem	Extreme Problem (considering euthanasia)	Not Applicable
Lameness	1	2	3	4	5	N/A
Stiffness	1	2	3	4	5	N/A
Pain Level	1	2	3	4	5	N/A
Energy Level	1	2	3	4	5	N/A
Walking (i.e. distance)	1	2	3	4	5	N/A
Jump (into car, on couch)	1	2	3	4	5	N/A
Stairs (climbing up)	1	2	3	4	5	N/A
Stairs (climbing down)	1	2	3	4	5	N/A
Ability to get up from lying down	1	2	3	4	5	N/A
Social Behavior with People	1	2	3	4	5	N/A
Social Behavior with other Pets	1	2	3	4	5	N/A
Willingness to Play	1	2	3	4	5	N/A

**Please complete the following questions ONLY AFTER your pet has received stem cell treatment.**

(Circle one number per line)	Significantly Improved	Mildly Improved	No Change	Mildly Decreased	Significantly Decreased	
Overall Quality of Life:	1	2	3	4	5	
NSAIDS (Deramaxx, EtoGesic, Metacam, Previcox, Rimadyl)	Discontinued	Significantly Decreased Usage	Slightly Decreased Usage	No Change	Increased Usage	Not Applicable
NSAIDS Usage:	1	2	3	4	5	N/A
Gabapentin, Tramadol, other pain medicine Usage:	1	2	3	4	5	N/A

NSAIDS/other pain medicine (circle one) has been discontinued; date last given: \_\_\_\_\_

Did you follow a rehabilitation schedule after your pet received Stem Cell Therapy? (Mark all that apply)

- Yes, rehabilitation performed onsite at veterinary clinic
- Yes, rehabilitation performed offsite/at different clinic or rehabilitation facility
- Yes, rehabilitation performed at home
- No rehabilitation performed

Please indicate your level of satisfaction.

- Exceeded Expectations
- Met Expectations
- Did Not Meet Expectations

Would you recommend Vet-Stem Regenerative Cell Therapy to others?  Yes  No

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