



VETERINARIAN EVALUATION

SMALL ANIMAL EVALUATION FORM

Vet-Stem is seeking feedback from veterinarians regarding the use of Regenerative Cell Therapy for different indications. Your feedback is helpful in assisting us with the development and utilization of this new treatment option. Please take a few moments to complete and fax this form at each examination time point preferably at pre-treatment and about days 30, 60 and 90 after treatment.

Please fax the completed form **after each examination** to Vet-Stem at (858)748-2005 and **retain the original form with the case record.**

Clinician name: _____ Animal Name: _____

Owner name: _____ **Date of exam:** _____

Please mark the **most important** indicator of this animal's condition and "Other" indicator's to evaluate

<input type="checkbox"/> Lameness	<input type="checkbox"/> Range of Motion	<input type="checkbox"/> Pain	<input type="checkbox"/> Other-A: _____
<input type="checkbox"/> Other-B: _____	<input type="checkbox"/> Other-C: _____		

1= Normal, 2= Mild, 3=Moderate, 4=Severe, 5=Extreme (considering euthanasia) NA-Not Applicable

Joint Examined (i.e. L stifle)	Range of Motion	Pain	Other - A	Other - B	Other - C
Lameness	LF:	RF:	LR:	RR:	NA

Please complete the following question ONLY AFTER stem cell treatment.

(Circle one number)	Significantly Improved	Mildly Improved	No Change	Mildly Decreased	Significantly Decreased
Overall Quality of Life:	1	2	3	4	5

Comments: _____

Veterinarian Signature _____

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