



Horse Owner Survey

Animal Info and Survey History

Horse Name / ID:		Sport/Discipline:	
Breed:	Sex:	Age (Yrs):	
Horse Owner :		Veterinarian:	
Injury Date:		Location:	
Injury Information:		<input type="checkbox"/> Chronic <input type="checkbox"/> New	
Description:			

Performance/Use and Other Treatments

Status Pre-Injury/Tx	<input type="checkbox"/> Performance	<input type="checkbox"/> In Training	<input type="checkbox"/> Pre-Training	<input type="checkbox"/> Breeding	<input type="checkbox"/> Retired	<input type="checkbox"/> Pleasure
Level & Comments:						
Expected Outcome	<input type="checkbox"/> Prior Level	<input type="checkbox"/> Lower Level	<input type="checkbox"/> Ret to Training	<input type="checkbox"/> Breeding	<input type="checkbox"/> Retire	<input type="checkbox"/> Other
Comments:						
Current Status and Level Description:						
If re-injured or not back to work, is it due to the treated injury? <input type="checkbox"/> Yes <input type="checkbox"/> No						
If no, then why?						
Other treatments: <input type="checkbox"/> Shockwave <input type="checkbox"/> Acell <input type="checkbox"/> Steroids <input type="checkbox"/> IRAP <input type="checkbox"/> HA <input type="checkbox"/> B-Marrow <input type="checkbox"/> PRP <input type="checkbox"/> Other						
Comments, Notes, dates of other treatments:						

Data collection regarding injury

Tendons & Ligaments:	<input type="checkbox"/> SDFT	<input type="checkbox"/> DDFT	<input type="checkbox"/> Extens	<input type="checkbox"/> Check	<input type="checkbox"/> Colat	<input type="checkbox"/> Ses Lig	<input type="checkbox"/> SL Branch	<input type="checkbox"/> SL Body	<input type="checkbox"/> SL Origin
	<input type="checkbox"/> Impar	<input type="checkbox"/> Other _____	Complications: <input type="checkbox"/> Avulsion		<input type="checkbox"/> Sepsis	<input type="checkbox"/> Sheath			
	Size/Severity: Small _____ Medium _____ Large/Severe _____		Last Resort? _____						
Joints:	Are the cells to be used in conjunction with surgery <input type="checkbox"/> Yes <input type="checkbox"/> No		Severity: <input type="checkbox"/> Mild		<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe			
Injury Type:	<input type="checkbox"/> OA	<input type="checkbox"/> OCD – No Cyst	<input type="checkbox"/> OCD with Cyst	<input type="checkbox"/> Meniscus	<input type="checkbox"/> Cartilage	<input type="checkbox"/> Other _____			
Description (affected joints): _____							Last Resort? _____		
Previous Treatments: _____									
Fractures and Other Indications:	Injury Type: <input type="checkbox"/> Avulsion		<input type="checkbox"/> Plated Fracture	<input type="checkbox"/> Other					
Description and Location:									

Owner Expectations

- Exceeded Expectations: result was better than expected
 Met Expectations: would do it again for same situation and would recommend
 Below Expectations: regret doing it and would not do it again
Would you be interested in providing a Testimonial? Yes No If Yes, please provide the best way to send you a form (email, fax or USPS). _____

Vet-Stem Use ONLY

Known Outcomes:

Returned to prior level of performance
 Returned to a lower level of performance
 Retired – Failed treatment
 Retired – Unrelated to treatment

If Final Outcome–Review by Clinical Development Manager _____ Date _____

No Final Outcome: In Rehab (also includes lower level while in rehab) To-Do rescheduled for _____ months