



Equine Regenerative Cell Therapy Efficacy Veterinarian Evaluation

Animal and Contact Information

Horse Name:	Breed:	Sex:	Age Yrs:
Veterinarian:		Horse Owner or Trainer:	

Injury Description-PRETREATMENT ONLY

Date of Injury:	History of Injury:
*Location & Description of Injury:	
AAEP Lameness Score (At trot, in circle-whichever is most important):	

Description of Treatment

Date of Stem Cell Injection(s):	Volume used for each Injection:
Joints/Lesions Injected:	

Treatment Summary (treatments or medications used in addition to Stem Cell therapy)

Rehabilitation (Please provide a brief description of the rehab program post Stem Cell therapy)

0 - 1 month
1 - 3 months
3 - 6 months
6 - 9 months
9 - 12 months

Efficacy of Stem Cell Therapy –Compared to Traditional Therapy

One month	<input type="checkbox"/> Very Favorable	<input type="checkbox"/> Favorable	<input type="checkbox"/> Equivalent	<input type="checkbox"/> Not Done	AAEP Lameness Score:
Three month	<input type="checkbox"/> Very Favorable	<input type="checkbox"/> Favorable	<input type="checkbox"/> Equivalent	<input type="checkbox"/> Not Done	AAEP Lameness Score:
Six month	<input type="checkbox"/> Very Favorable	<input type="checkbox"/> Favorable	<input type="checkbox"/> Equivalent	<input type="checkbox"/> Not Done	AAEP Lameness Score:
Nine month	<input type="checkbox"/> Very Favorable	<input type="checkbox"/> Favorable	<input type="checkbox"/> Equivalent	<input type="checkbox"/> Not Done	AAEP Lameness Score:
Twelve month	<input type="checkbox"/> Very Favorable	<input type="checkbox"/> Favorable	<input type="checkbox"/> Equivalent	<input type="checkbox"/> Not Done	AAEP Lameness Score:
% Return to Performance	<input type="checkbox"/> 100%	<input type="checkbox"/> 75%	<input type="checkbox"/> 50%	<input type="checkbox"/> 25%	<input type="checkbox"/> Retired Date: _____

Follow-up History

* <input type="checkbox"/> Okay to return to work	<input type="checkbox"/> New injury	<input type="checkbox"/> Re-injured same site	<input type="checkbox"/> In rehab	Date: _____	
System – Ease of Use	<input type="checkbox"/> Exceeded Expectations	<input type="checkbox"/> Met Expectations	<input type="checkbox"/> Below Expectations		
Owner Satisfaction	<input type="checkbox"/> Exceeded Expectations	<input type="checkbox"/> Met Expectations	<input type="checkbox"/> Below Expectations		
% Return to Performance	<input type="checkbox"/> 100%	<input type="checkbox"/> 75%	<input type="checkbox"/> 50%	<input type="checkbox"/> 25%	<input type="checkbox"/> Retired Date: _____
Comments or Suggestions:					

Veterinarian Signature: _____ Date: _____

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