

Laser Therapy Questionnaire

Pet Name: _____ Date: _____ Client ID: _____

How many sessions of laser therapy has your pet received?

1 2 3 4 5 6 or more

Since beginning of laser therapy treatment(s), have you noticed any improvement in your pet's condition?

No. _____

Yes. Please all that apply:

- Pet is more comfortable
- Pet is no longer limping
- Pet is limping less
- Pet has considerably an improved gait
- Pet's mobility has improved
- Pet seems happier/improved attitude
- Pet's wound has accelerated in healing
- Other: _____

Please explain any noticeable changes: _____

If an improvement was noticed, how long did the effects of the treatments last?

24 hrs. or less 24 – 48 hrs. 3 – 7 days 8 – 14 days 2 Wks. – 1 Month More than 1 Month
 Only during and immediately after treatments

Is your pet receiving any other medication, therapy, or treatment for this condition? Including acupuncture, physical therapy, holistic treatments (Herbal and/or homeopathic), and pain medications.

Yes: _____

No: _____

Signature

Date

Witness

I can be reached at the following number: _____