

Dog's Name:

Date:

### ***Cranial Nerve Evaluation Form***

#### **Cranial Nerves**

<input type="checkbox"/>	Sense of smell CN1	<input type="checkbox"/>	Palpebral CN5 & 7	<input type="checkbox"/>	tongue mvmt
<input type="checkbox"/>	Vision CN2	<input type="checkbox"/>	Facial express CN7	<input type="checkbox"/>	neck mm's
<input type="checkbox"/>	Eye mvmt CN3,4,6	<input type="checkbox"/>	Healing/headtilt CN8	<input type="checkbox"/>	pupillary CN2 & 3
<input type="checkbox"/>	Jaw mm's CN5	<input type="checkbox"/>	Swallow CN9 & 10	<input type="checkbox"/>	strabismus CN3,4,6,7
<input type="checkbox"/>	Menace CN 2 & 7			<input type="checkbox"/>	nystagmus CN3,4,6,7

### ***Functional Testing Form***

#### ***Comment on the QUALITY of movement and/or abilities of the dog with the following:***

"Bed" mobility - (lateral to sternal and repositioning):

"Sit to stands" - (ability to get to and from a sit/stand):

Standing ability - (degree of assistance required):

Core stability - (ability to maintain standing balance with some disturbance):

Ambulation - (degree of assistance required for ability & safety)

Conscious proprioception (foot positioning) with ambulation:

Balance with turning:

Abilities to back up or step sideways:

Household navigation - (abilities for walking in the home:)

Community navigation - (abilities for walking outdoors):

Obstacle navigation - (ability to mindfully step over objects):

Bowel & Bladder continence state:

Posturing to eliminate - (ability to maintain proper posture):

Navigation of stairs:

Therapist's Name: \_\_\_\_\_

Therapist's Signature: \_\_\_\_\_