Pathogenes Inc
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Client Communication Form

Owner Information

Full Name:		Phone #:	
Address:		Fax #:	
City, State, Zip:		Email:	
Veterinarian:		**Date:**	

Animal Information

Animal Name:		Age:	
Breed:	Lab ID #	*Weight:	
Sex:	☐ Male ☐ Female	*Determine with weight tape	

Animal Evaluation

1) Veterinarian assigned Gait Score

Veterinary assessment: Select the single score that best describes the gait deficits.

	No gait deficits, normal gaits	☐ 0
	Gait deficit just detected at a walk, drags limbs, circumducts limb(s) on tight circling. Mild weakness noted on tail pull-easily pulled off track, but regains normal stride in 1-2 steps	☐ 1
	Gait deficit easily detected and exaggerated by backing, turning or neck extension. Swaying at walk. Displays a wide based stance after tight circling. Weakness on tail pull-easily pulled off track, and does not return to normal stride for more than 3 steps.	☐ 2
	Gait deficit prominent on walking, turning or neck extension. Unable to perform tight circles without falling backwards. Weakness on tail pull-easily pulled off track and almost falls, doesn't regain normal stride.	☐ 3
	Stumbles often, tripping spontaneously during exam, falls spontaneously. Will fall upon backing or tight circles. Weakness on tail pull-pulled off track and will fall.	☐ 4
	Recumbent, unable to rise without assistance, leans on wall for support, spins to regain balance. Seizures.	☐ 5

2) How long has this animal shown signs of EPM? /weeks /months

3) Was the diagnosis of EPM supported by testing? ☐ Yes ☐ No

4) If yes, complete the supplemental historical data

5) Is this animal currently on treatment? ☐ Yes ☐ No

6) Is this a relapse? ☐ Yes ☐ No

7) Has this animal been previously treated for EPM? ☐ Yes ☐ No

☐ Orogin ☐ Levamisole ☐ Marquis ☐ Diclazuril
☐ Other:

If Yes, enter treatment date: Date Started: Date Ended:

If Yes, enter dosage and duration: Dosage: Duration:

Enter any additional comments here: