

Dystocia Triage Questionnaire

Owner: _____

Date/time: _____

Phone number: _____

Clinic number: _____

Patient name/ID: _____

Species: _____

Basic Patient Information

Age of the dam: _____

Breeding date/gestation length: _____

Last examination date: _____

Diagnosis/results: _____

Previous Births

Has the dam given birth previously? Yes No

If yes, how many offspring has she had? _____

Were the births normal? Yes No

If not, what problem(s) occurred? _____

Behavior

Describe patient's current behavior: _____

Circle all that apply:

Bleeding

Vaginal discharge

Colicky

Vocalizing

Rolling

Subtle change/not acting right

Straining/pushing

Explain in more detail: _____

In-hospital patient or farm call: _____

Estimated time of arrival: _____