



Your Name: \_\_\_\_\_

Pet's Name: \_\_\_\_\_

Date: \_\_\_\_\_

### EAR PROBLEMS

You have chosen for your pet to have an exam to diagnose the cause of his/her ear problems, and also, if necessary, vaccinations and testing and minor medical procedures. You authorize us to do so without your presence. Please take a moment to thoroughly fill out the following questions regarding your pet's condition so that we can make sure we are taking the best possible care of your pet.

If you need more time to complete this form, please feel free to take it with you and return it or fax it by 1 pm in order for your pet's exam to be done during our in-patient exam time. Our FAX number is 978-256-9554. You can reach us by phone at 978-256-9555.

Following your pet's exam, a technician will speak with you to go over the details of your pet's visit. You may choose to either set up a time to speak with him/her at your pet's discharge, or to receive a phone call at a later time, at your convenience. Please let the receptionist know which option you would prefer.

Discharge (Time: \_\_\_\_\_)     Phone Call (Time: \_\_\_\_\_)

1. Which ear(s) seem to be bothering your pet?

Right     Left     Both

2. When did you first notice the problem?

Today/Yesterday     2-3 days ago     ~ 1 week ago     ~ 2 weeks ago     Other \_\_\_\_\_

3. Is your pet shaking his/her head?     YES     NO

4. Is there an odor from the ear(s)?     YES     NO

5. Is there any discharge from the ear(s)?     YES     NO

If yes, what color:     Brown     Black     Yellow     Bloody

6. Can you see any tumors or lumps in or around the ear(s)?     YES     NO

7. Do you clean your pet's ears on a regular basis at home?     YES     NO

If yes, how often? \_\_\_\_\_

With what product? \_\_\_\_\_

8. Have you started treatment for this current problem?     YES     NO

If yes, what have you been using? \_\_\_\_\_

9. What kind of food does your pet eat?

Brand: (eg. Hill's, Purina) \_\_\_\_\_

Flavor: (eg. chicken, lamb) \_\_\_\_\_

Other treats/table food: \_\_\_\_\_

10. Does your pet have any known or suspected allergies?  YES  NO

If yes, please describe: \_\_\_\_\_

\*\*\* If your pet has had previous ear problems, please complete the following questions 11-15\*\*\*

11. How often does this problem occur?

Once monthly  Every 2-3 months  Twice a year  Other: \_\_\_\_\_

12. Does it appear to occur:

Randomly  During a particular season/time of year  All the time (chronic)

13. Have your pet been prescribed any medications for previous ear problems?  YES  NO

Please list: \_\_\_\_\_

Which medications have worked well? \_\_\_\_\_

Which medications have not seemed to help? \_\_\_\_\_

15. Has your pet been seen at any other veterinary hospital for ear problems?  YES  NO

Do we have copies of your pet's medical records from those visits?  YES  NO

### Additional Procedures/Diagnostics:

At the time your drop off your pet, you should receive an estimate listing the diagnostic procedures associated with your pet's problem and their costs, for which you will responsible. During the course of your pet's in-patient exam, the veterinarian may determine the need for additional services in order to complete his/her evaluation of your pet. If the doctor discovers a problem requiring a more extensive work-up, we will attempt to contact you before proceeding. You, or your authorized emergency contact, must be available via phone.

Please review the options below, and check and initial **one**:

- I authorize Countryside staff veterinarian(s) to examine and treat my pet as outlined in the IPE estimate, and up to an additional \$100 in services, if needed.

*Initial:* \_\_\_\_\_

- If additional services are needed, please attempt to contact me (or my alternate contact) at the number provided. If I cannot be reached, I authorize Countryside to perform additional services up to \$300.

*Initial :* \_\_\_\_\_

- I do not authorize any additional services beyond the scope of the IPE estimate. I understand that if I later choose to have the medical procedures recommended during the IPE performed, I will be responsible for an additional examination fee of \$49.50, plus the cost of the individual services.

*Initial:* \_\_\_\_\_

Owner/Agent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Contact Number(s): \_\_\_\_\_

Name of alternate contact\*: \_\_\_\_\_ Phone: \_\_\_\_\_

(\*This person must be authorized to make medical and financial decisions for your pet)

CVH Staff: \_\_\_\_\_