



Your Name: _____

Pet's Name: _____

Date: _____

URINARY PROBLEMS

You have chosen for your pet to have an exam to diagnose the cause of his/her urinary 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 1pm 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. When did you first notice the problem?
 Today Yesterday 2-3 days ago ~ 1 wk ago Other:_____
2. Is your pet straining to urinate (making increased effort, vocalizing, etc.)? YES NO
3. Is there any blood in the urine? YES NO
4. Is there any unusual odor to the urine? YES NO
5. How many times a day does your pet attempt to urinate?
 1-3 4-6 7-10 10-15 15-20 Other:_____
6. Is there any change in the amount of urine produced at each attempt? No change
 Decreased amounts Increased amounts Not producing any urine at all*
*If not producing at all, when was last known urination? _____
7. Is your pet having accidents in the house (outside the litter box)? YES NO
If yes, please describe: _____
8. Is your pet frequently licking at his/her penis/vulva? YES NO
9. Are any accidents occurring while your pet is asleep? YES NO Unsure
10. Is your pet passing stool normally? YES NO
If no, please explain: _____

11. Have you noticed any change in appetite?

Normal/No change Increased Decreased

12. Have you noticed any change in the amount of water your pet is drinking?

Normal/No change Increased Decreased

13. Have you noticed any change in activity level?

Normal/No change Increased Decreased

14. Is your pet currently taking any medications? YES NO

If yes, please describe: _____

15. Does your pet have any history of other medical problems? YES NO

If yes, please explain: _____

Additional Procedures/Diagnostics:

At the time you 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: _____