



Your Name: _____

Date: _____

Pet's Name: _____

DIARRHEA

You have chosen for your pet to have an exam to diagnose the cause of his/her diarrhea, 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 questionnaire regarding your pet's condition so that we can make sure we are taking the best possible care of your pet.

At the time of discharge, a veterinarian will speak with you to go over the details of your pet's visit or you may choose to receive a phone call.

Discharge (~Time: _____) Phone call- during business hours (Time: _____)

1. When did the diarrhea start?

Today Yesterday 2-3 days ago Last week Other: _____

2. How many Times has your pet had diarrhea?

One incident Once daily 2-3 times daily Other: _____

3. How would you describe the consistency of the diarrhea?

Soft but formed Pudding-like Liquid Mucous/gelatin Tarry Bloody

4. What color is the diarrhea?

Light brown dark Brown Yellowish Greenish Reddish Black

5. Is your pet straining to defecate? Yes NO

6. Is your pet having accidents in the house? Yes NO

7. What kind of food does your pet eat? _____

8. Have you changed your pet's diet recently?

If yes, please explain: _____

9. Does your pet receive table scraps? Yes No

If yes, what has s/he had recently? _____

10. Does your pet have any history of ingesting non-food items? (such as foreign objects, chemicals, medications, plants, trash etc.?)

If yes, please explain: _____

11. Is it possible your pet may have gotten into any foreign substances recently?
If yes, Please explain: _____

12. Does your pet go outdoors at all unsupervised? Yes No

13: Have you noticed any changes in appetite?
 No change Increased Decreased

14. Have you noticed any change in activity?
 No change Increased Decreased

15. Are any other pets in your household also sick? Yes No I have no other pets
If yes, please explain: _____

16. Has your pet had any contact with any other animals recently? Yes No
If yes, please explain: _____

17. Has your pet had any vomiting? Yes No
* If so, please notify a staff member for further information.

18. Is your pet currently taking any medications? Yes No
If yes, please describe: _____

19. Does your pet have any history of other medical problems? Yes No

20. Is there any other information that you feel would be helpful to us at this time?

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 be responsible. During the course of your pet's 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 Eastern Shore Animal Hospital Staff veterinarian (s) to examine and treat my pet as outlined in the 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 Eastern Shore Animal Hospital to perform additional services up to \$ _____.

Initial _____

I do not authorize any additional services beyond the scope of the estimate. I understand that if I choose to have the recommended medical procedures performed at a later date, I will be responsible for an additional examination fee, 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)

ESAH staff: _____