



Your Name: _____
Pet's Name: _____

Date: _____

LIMPING/LAMENESS

You have chosen for your pet to have an exam to diagnose the cause of his/her limping/lameness, 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. Which leg (s) seem to be painful?

Right front leg Right rear leg Left front leg Left rear leg

2. When did the limping begin?

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

3. Has it gotten better or worse since it started?

No change Much better Slightly better Slightly worse Much worse

4. Has there been any known trauma or injury? Yes No

If yes, please describe: _____

5. Any previous history of similar injuries to that leg or other/unrelated legs? Yes No

If yes, please describe: _____

6. Does your pet go outdoors unsupervised? Yes No

7. Is your pet on any medications (for this or any other problem)? Yes No

If yes, please list: _____

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

If yes, please explain: _____

9. 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: _____