



Your Name: _____
Pet's Name: _____

Date: _____

COUGHING/SNEEZING PROBLEMS

You have chosen for your pet to have an exam to diagnose the cause of his/her coughing/sneezing 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 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. Is the problem primarily....?

Coughing Sneezing Both

2. When did you first notice the problem?

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

3. How frequent is the problem?

Once daily 2-3 Times daily Most of the day Other: _____

4. Duration (amount of time) of the cough/sneeze when it occurs?

Once 1-2 Min 5-10Min Longer

5. If coughing:

Does it sound like...? Wet Dry Unsure

Does it occur with...? (check all that apply)

Eating Drinking Exercise Excitement Lying down Being on a leash

Morning Evening Cold air Heat Unrelated to any specific event

6. If sneezing:

Is there any discharge from the nose? Yes No

If yes, is it...? Clear White/Mucous Yellow/Green Bloody

7. Is there any discharge coming from the eyes? Yes No

If yes, please describe: _____

8. Have you noticed any change in appetite?

No change Increased Decreased

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

10. Are there any other pets in your household? Yes No

11. Does your pet have any contact with any other animals (e.g. in a boarding kennel, grooming parlor, doggie day-care, visiting friends, etc)? Yes No

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: _____