



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 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 ear (s) seems 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 ears (s)? Yes No

5. Is there any discharge from the ear (s)? Yes No

6. Can you see any lumps in or around the ears? 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: Has your pet been prescribed any medications for previous ear problems? Yes No

Please list: _____

Which medications have worked well? _____

Which have not seemed to help? _____

14. Has your pet seen any other veterinary hospital for ear problems? Yes No

Do we have copies of your pet's medical records from those visits? Yes No

If no, may we obtain a copy, Hospital contact info: _____

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: _____