



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 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 you first notice the problem?

Today Yesterday 2-3 days ago A week 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 an 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 amount Increased amount Not producing urine at all

If not producing at all, when was last known urination? _____

7. Is your pet having accidents in the house (outside 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 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: _____