



Your Name: \_\_\_\_\_

Pet's Name: \_\_\_\_\_

Date: \_\_\_\_\_

### Welcome to Countryside Veterinary Hospital!

You have chosen for your pet to have his/her **In-Patient Exam (IPE)**, including his/her annual exam, related vaccinations and testing, and minor medical procedures while s/he is here with us. You authorize us to do so without your presence. Please take a moment to thoroughly fill out the following questions regarding your pet's general health so that we can make sure we are taking the best possible care of your pet.

If you need more time to complete this form, please feel free to take it with you and return or fax it back to us by 1pm in order for your pet's exam to be done during our in-patient exam time. Our FAX number is 978-256-9554. You can reach us by phone at 978-256-9555.

1. Do you have any specific questions or concerns regarding your pet's health today? If your pet is experiencing any problems (i.e. eye/ear/skin problems, vomiting/diarrhea, etc.), please complete this form and then see the receptionist for an additional, problem-specific form.
  
2. Is your pet coughing?  YES  NO
  
3. Is your pet sneezing?  YES  NO
  
4. Is your pet vomiting?  YES  NO
  
5. Is your pet having diarrhea?  YES  NO
  
6. Any changes in appetite?  
 No Change       Increased       Decreased
  
7. Any changes in water consumption?  
 No Change       Increased       Decreased
  
8. What does your pet eat? Please include brand of food, dry or canned, amount, how often, and any treats or table scraps): \_\_\_\_\_  
\_\_\_\_\_
  
9. Is your pet on any medications?  YES  NO  
If yes, please list names and frequency:  
\_\_\_\_\_  
\_\_\_\_\_

10. Is your pet on Heartworm/Intestinal Parasite prevention?  YES  NO

If yes, which months of the year? \_\_\_\_\_

When did you give the most recent dose? (Day/Month) \_\_\_\_\_

Which product are you using?

- Heartgard Plus (chewables)
- Interceptor
- Sentinel
- Revolution
- Heartgard (tablets)

10. Is your pet on Flea/Tick prevention?  YES  NO

If yes, which months of the year? \_\_\_\_\_

Which product are you using?

- Frontline
- Advantix (dogs only)
- Advantage
- Revolution
- Program
- Preventic Collar (dogs only)
- Other: \_\_\_\_\_

11. Does your pet have any pre-existing conditions/history we should know about?  YES  NO

If yes, please explain: \_\_\_\_\_

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12. Has your pet traveled anywhere outside of Massachusetts?

YES  NO If yes, where? \_\_\_\_\_

14. What type(s) of pets are in your household?  Cat(s)  Dog(s)  Other \_\_\_\_\_

### **For Dogs:**

15. Does your dog go outdoors unsupervised?  YES  NO

- In a fenced-in yard
- On a runner/tie-out
- Free-roaming

16. Does your dog ever spend time in a multiple-dog setting (boarding kennel, grooming facility, doggie day-care, dog parks, etc.)?  YES  NO

### **For Cats:**

17. Does your cat go outdoors at all?  YES  NO

If yes, does s/he tend to fight with other animals?  YES  NO

18. Do any other cats in your household go outdoors at all?  YES  NO

19. Does your cat sit in a screened in porch or window on occasion?  YES  NO

**Medical Screening Tests:**

In order to monitor your pet's health, we recommend health-screening tests to evaluate liver and kidney function, blood counts, protein and electrolytes, blood pressure, thyroid function, diabetes, etc, much like your doctor would perform for you at your annual exam. *At Countryside, we perform age-appropriate testing on all pets at physical exams.*

Please check below to authorize us to screen your pet during his/her exam. Feel free to ask our staff for more information, including the cost of this testing for your pet:

**Cat Screening Recommendations:**

**6-8 Years of Age:** *MBS2 Annually*

**8-9 Years of Age:** *MBS3 Annually*

**10-11 Years of Age:** *MBS3 Annually, Blood Pressure Check Annually*

**12+ Years of Age:** *(Bi-Annual Exam) MBS3 Annually, MBS2 Annually, Thyroid Profile Annually, Urinalysis Annually, Urine Specific Gravity Annually*

**Dog Screening Recommendations:**

**6-7 Years of Age:** *MBS2 Annually*

**8-9 Years of Age:** *MBS3 Annually, Urinalysis Annually*

**10+ Years of Age:** *(Bi-Annual Exam) MBS3 Annually, Urinalysis Annually, +/- MBS2 Annually, +/- Urine Specific Gravity Annually*

YES. I authorize health screening for my pet

NO. Against medical advice, I decline health screening for my pet. I understand that I may be putting my pet at risk by allowing early problems to develop undetected, limiting my pet's lifespan.

My pet is younger than 6 years of age.

**Heartworm/Intestinal Parasite Prevention:**

Countryside prescribes year-round prevention for all dogs and cats. Many of the more common intestinal parasites we see in cats and dogs are zoonotic, meaning they are potentially transmissible to humans. Maintaining year-round protection for your pet reduces the risk of animal to human infection. Manufacturers of these preventatives will guarantee all their products – including payment for any associated treatment – if you purchase a 12-month supply directly from your veterinarian and give a dose every month year-round.

Heartworm prevention in dogs has been a standard in veterinary medicine for more than 30 years. Most heartworm preventatives now also include intestinal parasite protection. In light of current research, Countryside has spent the last two years aggressively recommending heartworm prevention for our feline patients as well. New research shows that many cats with heartworm disease are indoors only. Cats are more likely to die acutely or have permanent lung disease as a result of heartworm disease. And because, unlike dogs, cats are not tested for heartworm and there is *no safe treatment* for the disease in cats, heartworm prevention may be even more important for our feline patients.

Please indicate below how many months of prevention you need at this time. *(Please note: If you do not answer this question and your file indicates your pet will need more prevention, it will automatically be dispensed.)*

12 months

\_\_\_\_\_ months

**Flea/Tick Prevention:**

If you wish any additional supplies for flea and tick prevention, please indicate below the product and quantity needed.

- |   |                                       |
|---|---------------------------------------|
| <input type="checkbox"/> Frontline                    | <input type="checkbox"/> 6 months     |
| <input type="checkbox"/> Advantix (dogs only)         | <input type="checkbox"/> 12 months    |
| <input type="checkbox"/> Advantage                    | <input type="checkbox"/> _____ months |
| <input type="checkbox"/> Program Injection (cats)     |                                       |
| <input type="checkbox"/> Preventic Collar (dogs only) | <input type="checkbox"/> None, thanks |

**Additional Procedures/Diagnostics:**

During the course of your pet's in-patient exam, the veterinarian may determine the need for additional services in order to complete his/her evaluation of your pet. Such procedures may include, for example, cytological identification or cleaning of debris in the ears, aspiration of a lump/growth, anal sac expression or various other diagnostics. You will be responsible for all reasonable costs associated with these procedures. If, during the course of an in-patient exam, 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 Countryside staff veterinarian(s) to examine and treat my pet as outlined in the IPE 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 Countryside to perform additional services up to \$300.  
*Initial :* \_\_\_\_\_
  
- I do not authorize any additional services beyond the scope of the IPE estimate. I understand that if I later choose to have the medical procedures recommended during the IPE performed, I will be responsible for an additional examination fee of \$49.50, 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)

CVH Staff: \_\_\_\_\_