



Your Name: _____

Pet's Name: _____

Date: _____

COUGHING OR SNEEZING

You have chosen for your pet to have an exam to diagnose the cause of his/her coughing/sneezing, 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 questions regarding your pet's condition 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 it or fax it by 1 pm 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.

Following your pet's exam, a technician will speak with you to go over the details of your pet's visit. You may choose to either set up a time to speak with him/her at your pet's discharge, or to receive a phone call at a later time, at your convenience. Please let the receptionist know which option you would prefer.

Discharge (*Time:* _____) Phone Call (*Time:* _____)

1. Is the problem primarily...?

Coughing Sneezing Both

2. When did the problem begin?

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

2. How frequent is the problem?

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

3. Duration (amount at one time) of the cough/sneeze when it occurs?

Once 1-2 Minutes 5-10 Minutes Longer

4. If coughing:

Does it sound...? 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 activity

5. If sneezing:

Is there any discharge from the nose? YES NO

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

Does your pet sound congested? YES NO

6. Is there any discharge from the eyes? YES NO

If yes, please describe: _____

7. Have you noticed any change in appetite?
 No change Increased Decreased
8. Have you notice any change in activity?
 No change Increased Decreased
9. Are there any other pets your household? YES NO
 If yes, are they showing similar symptoms? YES NO
10. Does your pet have any contact with other animals (e.g. in a boarding kennel, grooming parlor, doggie day-care, visiting friends, etc)? 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 responsible. 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. 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 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: _____