



Your Name: _____

Pet's Name: _____

Date: _____

DIARRHEA

You have chosen for your pet to have an exam to diagnose the cause of his/her diarrhea, 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 eye 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. When did the diarrhea start?

Today Yesterday 2-3 days ago Last week Other: _____

2. How many times has your pet had diarrhea?

One incident Once daily 2-3 times daily Other: _____

3. How would you describe the consistency of the diarrhea?

Soft but formed Pudding-like Liquid Mucous/gelatin Tarry Bloody

4. What color is the diarrhea?

Light brown Dark brown Yellowish Greenish Reddish Black

5. Is your pet straining to defecate? YES NO

6. Is your pet having accidents in the house? YES NO

7. What kind of food does your pet eat? _____

8. Have you changed your pet's diet recently? YES NO

If yes, please explain: _____

9. Does your pet receive table scraps? YES NO

If yes, what has s/he had recently? _____

10. Does your pet have any history of ingesting non-food items? (such as foreign objects, chemicals, medications, plants, trash, etc.) YES NO

If yes, please describe: _____

11. Is it possible your pet may have gotten into any foreign substances recently? YES NO

If yes, please explain: _____

12. Does your pet go outdoors at all unsupervised? YES NO

13. Have you noticed any change in appetite?

No change Increased Decreased

14. Have you notice any change in activity?

No change Increased Decreased

15. Are any other pets in your household also sick? YES NO I have no other pets

If yes, please explain: _____

16. Has your pet had any contact with any other animals recently? YES NO

If yes, please explain: _____

17. Has your pet had any vomiting? YES NO

* If so, please notify a staff member for further information.

18. Is your pet currently taking any medications? YES NO

If yes, please describe: _____

19. Does your pet have any history of other medical problems? YES NO

If yes, please explain: _____

20. Is there any other information that you feel would be helpful to us at this time?

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: _____