



Your Name: _____

Pet's Name: _____

Date: _____

LIMPING/LAMENESS

You have chosen for your pet to have an exam to diagnose the cause of his/her limping, 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. Which leg(s) seem to be painful?

Right front leg Right rear leg Left front leg Left rear leg

2. When did the limping begin?

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

3. Has it gotten better or worse since it started?

No change Much better Slightly better Slightly worse Much worse

4. Has there been any known trauma or injury? YES NO

If yes, please describe: _____

5. Any previous history of similar injuries to that leg or other/unrelated legs? YES NO

If yes, please describe: _____

6. Does your pet go outdoors unsupervised? YES NO

7. Is your pet on any medications (for this or any other problem)? YES NO

If yes, please list: _____

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

If yes, please explain: _____

9. 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. This includes fees for radiographs, in case the doctor feels x-rays the injured leg are needed to rule out fractures, ligament injuries, degenerative changes or arthritis. 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: _____