



Your Name: _____

Pet's Name: _____

Date: _____

VOMITING

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 vomiting start?

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

2. How many times has your pet vomited?

One incident Once daily 2-3 times daily 1-2 times a week Other: _____

3. How would you describe the vomit? (*check all that apply*)

Undigested food Digested food (food colored fluid) Clear fluid Yellow fluid
 Mucous Pieces of toy, sticks, foreign material Dark brown/coffee grounds
 Other (please describe): _____

4. Is the vomiting associated with eating? YES NO

5. Is the vomiting associated with activity/exercise? YES NO

6. Is there any blood in the vomit? YES NO

7. Does your pet experience forceful abdominal contractions while vomiting? YES NO

8. Does your pet tend to eat non-food items (e.g., toys, sticks, rocks, clothes, etc)? YES NO
If yes, please explain: _____

9. Has your pet ingested any medications (yours or theirs), cleaning products/chemicals, poisons, plants, etc. that you are aware of? YES NO
If yes, please explain: _____

10. Does your pet go outdoors unsupervised? YES NO
11. What kind of food does your pet eat? _____
12. Have you changed your pet's diet recently? YES NO
If yes, please explain: _____
13. Does your pet receive table scraps? YES NO
If yes, what has s/he had recently? _____
14. Have you noticed any change in appetite?
 Normal/No change Increased Decreased
15. Have you noticed any change in the amount of water your pet is drinking?
 No change Increased Decreased
16. Have you noticed any change in activity level?
 No change Increased Decreased
17. Are any other pets in your household also sick? YES NO I have no other pets
If yes, please explain: _____
18. Has your pet had any contact with any other animals recently? YES NO
If yes, please explain: _____
19. Has your pet had any diarrhea? YES NO
If so, please notify a staff member for further information.
20. Is your pet currently taking any medications? YES NO
If yes, please describe: _____
21. Does your pet have any history of other medical problems? YES NO
If yes, please explain: _____
22. 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: _____