

Urinary Problems

Date: _____

Patient: _____

Owner: _____

Contact number(s): _____

Pick up time: _____

1. When did you first notice a problem? _____

2. Has the problem: **Circle one**

 Gotten better

 Gotten worse

 Stayed the same

3. What symptoms are you seeing: **Circle all that apply**

 Red urine

 Vocalizing while urinating

 Increased need to urinate

 Urinating in inappropriate places

 Increased amount of urine

 Straining to urinate

 Decreased amount of urine

 Accidents / leaking when sleeping or resting

 Increased thirst

4. Is your animal displaying any other symptoms:

 Vomiting

 YES

 NO

 How many times: _____

 Listlessness

 YES

 NO

 How long: _____

 Appetite Loss

 YES

 NO

 How long: _____

5. What does your pet eat? _____

6. Does your pet get table scraps or treats? YES NO

7. Has there been any diet changes? YES NO Explain: _____

8. Has your pet had any urinary problems before? YES NO

 If yes, explain: _____

9. Is your pet on any medications? What: _____

10. If needed can we: **Circle all that apply**

 Urinalysis

 X-ray

 Sedate

 Fasted

Owners signature: _____