

Urinary Problem Questionnaire

Patient Information Label

Doctor: _____

Tech: _____

1. What is the presenting complaint?

2. How long has it been going on?

3. Is pet going more frequently, and does he/she strain when going?

4. What is the urine quantity? (i.e. small amounts, large amounts, or not going at all)

5. Describe the urine: (any blood, urine color, any odor, etc.)

6. What is your pet's current diet? (Brand, dry or can, how much is fed, treats, etc.)

7. Has your pet ever had stones before? If yes, when and were they surgically removed? _____
8. Is your pet currently on any medications? If so, list:

9. Is your pet kept indoors, outdoors, or both?

10. Has your pet been away from its normal environment, or been around any new animals recently? _____
11. Has your pet's attitude changed at all? (i.e. lethargic, depressed, vocalizing, irritable, etc.)

12. Has your pet been grooming or licking its perineal area more than usual?

13. Is there any weight loss?

14. Has pet had any urinary problems before?

15. Could your pet have been exposed to any kind of toxins or poisons? (Antifreeze, grapes/raisins, pesticides, etc.) _____
16. Does pet seem to be experiencing any pain or discomfort? If yes, on a scale of 1-10 how severe? _____
17. What is your pet's water intake like? Has it changed recently?

18. Does your pet have any known allergies?

19. Did you bring a urine sample with you? If yes, when and how was it collected?
