

# Urinary Tract - Canine

Pet's Name \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Current Email \_\_\_\_\_ Cell Phone \_\_\_\_\_

Is your pet urinating (frequency)      More      Less      Same      Unsure

Is the amount of urine voided      More      Less      Same      Unsure

Is your pet eating?      More      Less      Same      Unsure

Is your pet drinking?      More      Less      Same      Unsure

Has your pet's activity changed?      Increased      Decreased      Same      Unsure

Has your pet's weight changed?      Increased      Decreased      Same      Unsure

Have you noticed any blood in your pet's urine?      Yes      No      Unsure

Is your pet straining to urinate?      Yes      No      Unsure

Have there been any recent changes in your pets environment or daily schedule?      Yes      No      Unsure  
If yes, what and when? \_\_\_\_\_

What brand of food do you currently feed your pet? \_\_\_\_\_ Dry      Canned

Has the diet changed recently?      Yes      No  
If yes, how and when? \_\_\_\_\_

Is your pet defecating normally?      Yes      No  
If no, explain \_\_\_\_\_

Have there been similar episodes of this nature in the past?      Yes      No  
If yes, when? \_\_\_\_\_

Is your pet on any medications?      Yes      No  
If yes, please list \_\_\_\_\_