



Your trusted partner
in specialized veterinary care.

INTERNAL MEDICINE DEPARTMENT CANINE URINARY HISTORY FORM

6995 East Kemper Rd. • Cincinnati, OH 45249 • P: 513.530.0911 • F: 513.530.0811
6405 Clys Rd. • Centerville, OH 45459 • P: 937.428.0911 • F: 937.428.6667

carecentervets.com

When did the urinary problem start? _____

Does your pet leak or drip urine? Yes No

If Yes, do they drip during activity or only when resting? _____

Does this happen more at night, during the day or no difference? _____

Does your pet have accidents in the house? Yes No

If Yes, have you seen them urinating, or did you just find the urine? _____

How long can your pet "hold" his/her urine before needing to go out? _____

Do they have urgency (asking to go out all the time)? Yes No

Are they straining when they go? Yes No

Do you see any blood in the urine? Yes No

Is the volume of urine more than usual? Yes No

Is it less than usual? Yes No

Is your pet drinking more than normal? Yes No

Has your pet been seen by your regular veterinarian for this problem? Yes No

If yes, when _____

Has your pet had: - A recent urinalysis? Yes No

- Urine culture? Yes No

- Blood work? Yes No

Is your pet spayed (female) or neutered (male)? Yes No

What is your pet's current diet? Please include treats given:

Has your pet been on any previous medications for this problem? Yes No

If Yes, please list what medications were given and if they made a difference:

Please list any medications your pet is currently taking, including heartworm preventative and topical medications:

MEDICATION	DOSAGE	TIME LAST ADMINISTERED
_____	_____	_____
_____	_____	_____
_____	_____	_____

How is your pet's activity level? Normal Less than usual Depressed