

Otic/Ear

COMMUNITY PET HEALTHCARE

Created: _____

CLIENT: _____

NO PET ASSIGNED

Otic/Ear

Please help us provide the best care for your pet by responding to the following questions prior to your pet's scheduled appointment. Thank you.

1. What prescription medications, supplements, and/or OTC medications does your pet receive?

2. Which ear(s) is/are affected?

☐ Left ☐ Right ☐ Both

3. Is there an odor from the ear(s)?

☐ Yes ☐ No ☐ I'm not sure

4. Is there drainage/discharge from the affected ear(s)?

☐ Yes ☐ No ☐ I'm not sure

5. Have you noticed any head tilt?

☐ Yes ☐ No

6. How much pain is your pet experiencing from this/these ear(s)?
(1 = none/minimal; 4 = extreme)

1 2 3 4

7. When did the problem(s) start?

☐ Today ☐ 2 to 3 days ago ☐ 4 to 10 days ago ☐ Other



8. Has your pet experienced any previous problem with this/these ear(s)?

☐ Yes ☐ No ☐ I'm not sure

9. Has your pet had any recent exposure to water (swimming or bathing)?

☐ Yes ☐ No ☐ I'm not sure

10. Does your pet live outdoors or spend most of their time outdoors?

☐ No, does not live outdoors ☐ Yes, lives/spends most of the time outdoors

11. Has there been any over the counter cleaning product(s) used on the ear(s)?

☐ Yes ☐ No ☐ I'm not sure

12. Is your pet itching/scratching anywhere else (other than the ears)?

☐ Yes ☐ No ☐ I'm not sure

13. Does your pet have any previous skin problems?

☐ Yes ☐ No ☐ I'm not sure

14. What brand(s) of heartworm and flea/tick prevention do you give your pet?

15. When did your pet receive their last dosage of heartworm/flea/tick prevention?

☐ Within the last 30 days ☐ Within the last 3 months ☐ I'm not sure

16. Is your pet eating and drinking normal amounts? If not, what changes have you noticed?

17. Have you noticed any changes in your pet's urination and defecation habits (frequency of urination or defecation, diarrhea or excessively hard stool, etc.)?

☐ Yes ☐ No ☐ I'm not sure

18. Has your pet had any vomiting, regurgitation or diarrhea? (please select all that apply)

☐ Vomiting food ☐ Vomiting water ☐ Vomiting bile ☐ Bloody diarrhea/stool
☐ Mucus diarrhea/stool ☐ Frequent watery diarrhea/stool ☐ No vomiting, regurgitation nor diarrhea

19. Has your pet had any vomiting, regurgitation or diarrhea? (please select all that apply)

☐ No, no abnormal coughing nor sneezing ☐ Yes, coughing and sneezing more than normal ☐ Yes, coughing more than normal ☐ Yes, sneezing more than normal