

VBTA/BLADDER STUDY

Date _____

CLIENT

Name _____

Address _____ City _____ State _____ Zip _____

Home Telephone _____ Cell Phone _____ Email _____

PATIENT

Name _____ Breed _____

Date of Birth _____ Color _____

Sex: Male Female Neutered Weight _____

VETERINARIAN

Name _____ Hospital _____

Address _____ City _____ State _____ Zip _____

Telephone _____ Fax _____ Email _____

LIST ALL MEDICATIONS ADMINISTERED IN PAST 1 YEAR: (with time frame and dosage schedule, including chemotherapy drugs).

SYMPTOMS

Blood in Urine Leaking Urine Pain Increased H₂O Intake

Straining to Urinate Increased Volume of Urine Limping No Symptoms

Urinating Indoors Increased Frequency of Urinating Loss of Appetite

HISTORY

1. Are you aware of any litter mates with a disease of the urinary tract? If so please explain.

2. Has your dog had chronic exposure to organophosphate insecticides or Benzene containing compounds, i.e. lawn chemicals, fleas dips (do not include topicals such as Frontline, Revolution, Advantage)_____

3. Describe the environment in which your pet frequents his/her time:

Rural Suburban Urban
High Industrial Low Industrial

4. Have there been any environmental contamination issues in your area? If so, describe_____

Concerns/Questions

Please list any additional history regarding urinary issues.

I _____ give the Ridgewood Veterinary Hospital permission to include all information obtained today and in future procedures in any paper/article/lecture pertaining to TCC/VBTA.. I understand that the initial urinalysis, VBTA, and bladder ultrasound are at no charge to me, any further expenses would be my responsibility. I also acknowledge that as a participant in this study I agree to seek appropriate treatment either at the Ridgewood Veterinary Hospital or my regular veterinarian as suggested by Dr. Cerf. By not following through with all recommendations my pet will be excluded from the study.

Signature_____ Date_____