



Woody Dudley D.V.M
 Mitchell Hammock Pet Hospital
 255 Alexandria Blvd.
 Oviedo, FL 32765
 (407) 366-7323 · Fax (407) 542-8797
 www.drwoody.net

Patient Name and Last Name: _____ **Date:** _____

Urinary Questionnaire:

1. Have you noticed any changes in behavior since your last visit? ___yes___no
 Explain: _____
2. Is your pet drinking more water than it used to? ___yes___no
3. Urinating in larger or smaller volumes? ___yes___no -which one: _____
4. Is your pet having urinary accidents in the house? ___yes___no.
 -Do they occur in specific locations? -Where: _____
 -Do the accidents occur while your pet is sleeping? ___yes___no
5. Have you noticed any straining when your pet urinates? ___yes___no
6. Does it take a long time for your pet to urinate? ___yes___no
7. Describe your pet's urine color: _____
8. Is your pet licking at his/her genitals? ___yes___no
9. Is there any discharge from your pet's genitals? ___yes___no
10. Has a Vet diagnosed your pet with any previous urinary conditions/diseases? ___yes___no
 -Explain: _____
 How was it treated/with what meds? _____
11. Does your pet receive dry food? ___yes___no -Brand _____
12. Does your pet receive canned food? ___yes___no -Brand _____
13. Does your pet receive a homemade diet? ___yes___no.
 Type: _____
14. For **feline** patients:
 How many cats do you have? _____
 How many litter boxes do you have? _____
 Have any of your cats ever had a urinary blockage? ___yes___no
 Any recent changes in the home? ___yes___no
 Type of litter used at your house: _____

COMMENTS: _____
