

CANINE URINARY INCONTINENCE

www.canineurinaryincontinence.co.uk



Your Dog's History Sheet

If you are worried about your dog, why not fill out one of these forms before going to your vet? You will then have all the information available in one place.

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| Your name: | |
| Your dog's name: | |
| Your dog's age: | |
| Your dog's breed: | |
| Is your dog male or female? | |

About your dog

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| Has your dog ever had an accident or suffered any trauma? If yes please describe the incident and state when it occurred. | |
| Were there any problems with leaking urine when your dog was young? | |

About the Incontinence

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| How old was your dog when you noticed they were leaking urine? | |
| When does your dog's leaking usually occur? (e.g. when sleeping/when relaxed/whilst exercising/when excited) | |
| How often does your dog leak urine? | |
| Does your dog appear to be fit and well today? | |
| Is your dog currently on any medication? | |
| Is your dog's appetite normal? | |
| Is your dog drinking normally? | |
| Has your dog lost or gained any weight recently? If so, approximately how much? | |
| Does your dog suffer from any other health problems? | |