

Urethroplasty Clinical Trial

Enrollment Form

The entry criteria for the study are as follow:

- 1) Female spayed dogs with urinary incontinence
- 2) The dog has been treated with either PPA or DES for at least the last 30 days
- 3) The dog is still having urinary incontinence in spite of medical treatment

Exclusion criteria:

- 1) Active urinary tract infection
- 2) Renal failure

Please make sure that the following diagnostics have been performed and faxed to us within the last two weeks prior to this appointment:

- 1) CBC
- 2) General Panel with electrolytes
- 3) Urinalysis
- 4) Urine culture
- 5) Abdominal radiographs and/or abdominal ultrasound

Pets without these diagnostics are not part of our criteria and therefore will not be included in this study.

Registration information:

Referring Hospital name: _____

Client's name: _____

Pet's _____

Breed: _____

DOB ____/____/____ or years old _____

Has the pet ever being diagnosed with any of the following: (indicate dates if able):

- 1) Renal Failure _____
- 2) Ectopic ureters _____
- 3) Urinary tract infection _____
- 4) Pyelonephritis _____
- 5) Urethral obstruction _____
- 6) Bladder stones _____
- 7) Glomerulonephritis _____
- 8) Diabetes Mellitus _____
- 9) Hyperadrenocorticism _____
- 10) Hypoadrenocorticism _____
- 11) Spinal disease affecting the hind limbs or urinary bladder _____

Urinary Incontinence

- 1) How old was the pet when she was diagnosed with urinary incontinence:

- 2) What is she being treated with: _____
- 4) How long has she being treated for urinary incontinence? _____
- 5) Any adverse effects to this medication? _____

- 5) On a scale from 1 to 5 (one being very light and 5 being very heavy) how would you characterized the urine leakage throughout the day before this medication was started?

- 6) On a scale from 1 to 5 (one being very light and 5 being very heavy) how would you characterized the urine leakage throughout the days after this medication was started?

7) On a scale form 1 to 5 (one being very light and 5 being very heavy) how would you characterize her urine leakage at this time? _____

7) When the incontinence is usually observed, for example at rest or with activity- at morning, afternoon or night)

8) Any history of straining to urinate? _____

9) How is would you characterize her urine flow?

Good Intermittent Poor

10) What is her urine color normally? _____

Thank you for enrolling the pet in our study. Please fax or present this form at the time of the appointment.