

Client name: \_\_\_\_\_  
Pet name: \_\_\_\_\_  
Date completed: \_\_\_\_\_



Veterinary Specialty Center  
20115 44<sup>th</sup> Avenue West  
Lynnwood, WA 98036  
(425) 697-6106

*A complete medical history for your pet is essential for an accurate diagnosis and optimized treatment plan. Please circle/ answer this questionnaire to the best of your ability. Please bring this form to your pet's cardiology consultation or recheck. If this is a recheck appointment, please document current medications and changes to the following questions.*

Is this a consultation or recheck appointment? (Circle one) What is the reason for your pet's visit today?

\_\_\_\_\_

If this is a consultation, has your pet seen a cardiologist in the past, how long ago?

\_\_\_\_\_

Has your pet been diagnosed with a heart murmur? When was it first diagnosed?

\_\_\_\_\_

Has your pet been diagnosed with any other diseases?

\_\_\_\_\_

Does your pet have any allergies that we should be aware of, such as a food allergy in case we want to give treats?

**Current Medications \*\*IMPORTANT PLEASE COMPLETE EACH TIME\*\***

<u>Medication Name</u>	<u>Dose (mg)</u>	<u>Amount given (tab/cap/ml)</u>	<u>How Often</u>	<u>Last Given</u>
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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Current Diet \*\*IMPORTANT PLEASE BE SPECIFIC\*\***

- \_\_\_\_\_
- Recent bloodwork? Yes / No
    - When: \_\_\_\_\_
    - Did bloodwork include thyroid level? Yes / No
  - Recent chest x-rays? Yes / No
    - When: \_\_\_\_\_
    - Recent blood pressure? Yes / No
  - Coughing/hacking: Yes/No *If yes, please answer the following questions:*
    - When did it start: \_\_\_\_\_
    - How often: \_\_\_\_\_
    - How would you describe the sound: wet / dry / honking
    - Worse with activity / excitement: Yes / No
    - Does it occur during certain times of the day: Yes / No

COMPLETE BOTH SIDES

Client name: \_\_\_\_\_  
Pet name: \_\_\_\_\_  
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- When: \_\_\_\_\_  
(coughing/hacking continued...)
  - Is the cough: worse / stable / improving
  
- Rapid breathing while at rest: Yes / No If yes, please answer the following questions:
  - When did it start: \_\_\_\_\_
  - Resting or sleeping breathing rate (if known): \_\_\_\_\_
  
- Panting, labored breathing, increased breathing effort? Yes / No  
If yes, please answer the following questions:
  - When did it start: \_\_\_\_\_
  - Is the breathing effort getting worse? Yes / No
  
- Exercise intolerance (ie: not wanting to go on walks, less playful, unable to jump or use stairs): Yes / No If yes, please answer the following question:
  - When did it start: \_\_\_\_\_
  
- Collapse episodes: Yes / No *If yes, please answer the following questions:*
  - Date of last episode: \_\_\_\_\_
  - Duration of episodes: \_\_\_\_\_
  - When was the first episode: \_\_\_\_\_
  - How often: \_\_\_\_\_
  - Any triggers (ie-excitement/exercise, cough): \_\_\_\_\_
  - Does your pet lose consciousness: Yes / No
  - Does your pet lose bladder control during an episode: Yes / No
  - Does your pet lose bowel control during an episode: Yes / No
  - Does your pet “paddle” their legs or twitch during an episode: Yes / No
  - Does your pet return to normal quickly (within seconds to a few minutes): Yes / No
  
- Diarrhea: Yes / No If yes, date of onset and frequency: \_\_\_\_\_
  
- Vomiting: Yes / No If yes, date of onset and frequency: \_\_\_\_\_
  
- Drinking: same / increase / decrease                      Appetite: same / increase / decrease  
Energy level: same / increase / decrease                      Weight: no change / increase / decrease
  
- Is your pet painful? If so, explain location of pain or discomfort: \_\_\_\_\_
  
- Has your pet shown any aggression while visiting a vet hospital or towards other animals:  
\_\_\_\_\_
  
- If medications need to be filled, what is the name and location of your preferred pharmacy (ie referring veterinarian, Costco of Shoreline, Wedgewood Compounding Pharmacy):  
\_\_\_\_\_

COMPLETE BOTH SIDES