

**Institute of Veterinary Specialists
Cardiology Questionnaire**

Patient Name: _____ Owner's Name: _____ Date: _____

1. Please describe your pet's current symptoms:

2. Is your pet coughing or having trouble breathing? _____
If so, describe frequency (circle one): 1-3 times/day 4-6 times/day 7 or more times/day

3. Has your pet experienced any collapse episodes? Yes No
If so, how long did the episode last? _____
During the episode was your pet rigid or relaxed? _____
Did your pet defecate or urinate during or after the episodes? _____

4. Has your pet had any x-rays or blood work done within the last 6 months? _____

5. Current medications (including flea/heartworm prevention, vitamins, supplements, and herbal remedies):

If medications were started prior to this visit, have signs improved? _____

6. Please describe your pet's diet and frequency of meals/treats:

7. Is your pet primarily indoors? _____

8. Has your pet ever traveled outside the state of Florida? If so, where?

9. Do you have any other pets at home? Please list species/breed:

10. Have there been any recent environmental changes? If so, please describe:

11. Have you owned this pet since it was a puppy/kitten? Was this pet adopted or purchased from a breeder?

Please return completed form to: ivsmobiletrip@gmail.com