



Cheryl Duszak

Cardiology, Critical Care, Dermatology, Internal Medicine, Neurology, Radiology, Surgery

CARDIOLOGY NEW PATIENT HISTORY

Thank you for visiting the Cardiology Service department of our hospital. To better assist us in diagnosing and treating your pet, please take the time to complete the questionnaire below regarding their complete medical history.

Date of Visit: ___/___/___ Client Name: _____
Pet Name: _____ Email: _____
Age: _____ [] Years [] Months (Check one)
Breed: _____
Sex (Check): [] M [] F Spayed/Neutered? (Check): [] Y [] N

In a few words, please describe your hopes, goals, and concerns that you would like to be addressed during the consultation:

GENERAL HISTORY:

- 1) At what age your pet acquired? _____
2) From whom was your pet acquired (breeder, shelter, friend, etc.)? _____
Where (location)? _____
3) Any current or previous health conditions unrelated to the heart disease?
4) Does your pet have any coughing, sneezing, vomiting, diarrhea? [] Y [] N If so, for how long?
5) Has your pet ever been anesthetized or sedated? [] Y [] N
If so, were there any complications? [] Y [] N Please describe below:
6) Has your pet ever been aggressive to humans or other animals at home or at the vet? [] Y [] N
7) When were your pet's last vaccinations and against what (Rabies, Distemper, etc.)?

OUR LOCATIONS:

336 Abby Rd
Manchester, NH
Newington, NH
603-782-8181
www.snhrb.com



603-431-3600
www.veccnh.com



8) Last fecal exam (month/year)? ___/___ Results? Negative Positive (please describe below)

9) Describe your pet's main lifestyle/use (hunting, agility, couch potato, etc.)

Time spent: indoors? ___ % outdoors? ___ %

10) What pet food, treats, or "people food" snacks do you feed your pet now?

11) Travel history within NH or elsewhere? Where?

PARASITE CONTROL/PREVENTION:

1) Has your pet ever had fleas or ticks? Y N Don't know

2) What flea/tick preventative(s) do you currently use? _____
How often? Seasonally Year-round

3) Which heartworm preventative(s) do you currently use? _____
How often? Seasonally Year-round

4) Date of last heartworm test? ___ / ___ / ___ Was it a SNAP 4DX? Y N Don't know

5) For cats: has your cat been FeLV/FIV tested? Y N Don't know
Result? Negative Positive Don't know

CURRENT MEDICAL HISTORY:

1) Describe your pet's main cardiovascular problem (heart murmur, cough, abnormal heart rhythm, collapse, etc)?

2) What prompted you to seek the Cardiology service at SNHVRH?

3) When did the problem(s) first appear? (e.g. how long ago? at what age? season/date?)

4) Was the problem sudden or gradual in onset?

5) Please indicate if your pet has experienced any of the following symptoms:

- | | | |
|--|--|--|
| <input type="checkbox"/> Coughing | <input type="checkbox"/> Collapse/Fainting | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> Difficulty breathing | <input type="checkbox"/> Lethargy | <input type="checkbox"/> Restless at night |
| <input type="checkbox"/> Exercise intolerance | <input type="checkbox"/> Abdominal distention | <input type="checkbox"/> Excessive panting |
| <input type="checkbox"/> Weakness | <input type="checkbox"/> Decreased energy/activity level | <input type="checkbox"/> Hiding |
| <input type="checkbox"/> Changes in appetite | <input type="checkbox"/> Changes in water intake | <input type="checkbox"/> Neck |
| <input type="checkbox"/> Other (please describe) _____ | | |

