8) Last fecal exam (month/year)? __ <*; ; ; ;*Results? ☐ **Negative** ☐ **Positiv**4*(please describe below)*
_____&

9) Describe your pet's main lifestyle/use (hunting, agility, couch potato, etc.)
_____
Time. pent 0- $doors? ____ % outdoors? ____ %

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

11) Travel history within NH or elsewhereB Where?
_____

. "#"1%/ ,*!&+/#&'<.#,7,+/%&+:*

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**

!U##,+/*B,$%!"'*0%1/&#):*

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) Pleas1 indicat1 if your pet has experienced any of th1 following .ymptoms:

☐ Coughing &	☐ Collapse/Fainting	☐ Seizures
☐ Difficulty breathing	☐ Lethargy &	☐ Restless at night
☐ Exercise intolerance	☐ Abdominal distention	☐ Excessive panting
☐ Weakness &	☐ Decreased energy/activity level	☐ Hiding
☐ Changes i$ appetite	☐ Changes i$ water intake	☐ Neck

☐ Other *(please describe)* _____&

CURRENT MEDICATIONS:

Please list the medication name, how much (in mg, if possible), how often it is given, why it was prescribed, and if the symptoms have changed after starting this medication

Medication name	Tablet/ capsule size	Portion per dose	How often/ what time?	Why was it prescribed?	Are symptoms better, worse, or the same?
Examples:					
Furosemide (Lasix)	20 mg	½ tablet	8am & 8 pm	Fluid in the lungs & cough	90% improved
Mexiletine	150 mg	1 capsule	7am, 3pm, 11pm	Arrhythmia/ collapse	Same
Spironolactone	10 mg/mL	0.5 mL	8 am	Help with heart failure	Improved

- ✓ It is very important that we know exactly what dosages of which medications your pet is receiving in order to provide the best care possible. It is *so* important that we will review this list with you on the day of the appointment to ensure that it is accurate and up to date.

- ✓ On the day of your pet's appointment, please give your pet their medications at the regularly scheduled times, unless otherwise instructed by a veterinarian.

- ✓ To help us prepare for your pet's appointment:
  1) Please email this form to info@snhvrh.com if visiting Southern NH Vet Referral or info@veccnh.com if visiting Veterinary Critical Care and Referral before your appointment so that we can get to know a little more about your pet and your concerns. Alternatively, you can bring this form with you to the appointment.

  2) Please contact your veterinary clinic and request that your pet's records, x-rays and lab work are sent to us before your appointment.

Thank you! We look forward to meeting you and your pet!