**Cardiac Ultrasound Patients:**

**PLEASE ANSWER YES OR NO TO THE FOLLOWING QUESTIONS**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_ Patient’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Is your pet experiencing any of the following:**

Shortness of breath: \_\_\_\_\_\_\_

Coughing: \_\_\_\_\_\_\_

If yes, how often is your pet coughing? (# of episodes per day): \_\_\_\_\_\_\_\_

Fatigue with exertion: \_\_\_\_\_\_\_

Collapse with excitement or exertion: \_\_\_\_\_\_\_

If yes, how often? (# of episodes seen) \_\_\_\_\_\_\_\_

Restlessness at night: \_\_\_\_\_\_\_\_

Loss of appetite: \_\_\_\_\_\_\_\_

Has your pet had a change in energy level? \_\_\_\_\_\_\_\_

Any additional information, questions or concerns about your pet you’d like our doctor to know about?

**Medications:**

Please list all of your pet’s current medications including tablet size (in mg) or liquid concentration (mg/ml), amount you are administering and frequency (once, twice, or three times a day).

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Do you have a difficult time giving your pet oral medications? \_\_\_\_\_\_\_

Please note if medications will be administered the day of the appointment and what time they will be given.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is your pet being treated for any other chronic health problems? If so, please explain:

**Diet:**

Please list your pet’s current diet (brand of food) including the amount being fed per day:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Did your pet eat today? \_\_\_\_\_\_\_

If your pet is being seen for a recheck visit at our office today, has there been any improvement in the symptoms since you were here last?

**Comfort in the veterinary office:**

My pet is never sometimes always afraid at the doctor’s office

My pet is never sometimes always tries to “nip” when restrained

My pet is never sometimes always aggressive towards other animals

Is your pet experiencing any pain or discomfort in a certain area? If yes, where does the pain seem to be coming from? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(We can make special arrangements to keep your pet as comfortable as possible during the ultrasound appointment with this information)

Has your pet ever had an adverse reaction (drug allergy) to any medications? \_\_\_\_\_\_

May your pet be sedated if necessary for this procedure? \*You will be informed before any medications are given\* \_\_\_\_\_\_\_\_\_

To obtain the best quality images, fur will be shaved from the body part we are imaging. We will try to shave as little as possible.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_