Cardiovascular History

Date: _______________________ Phone # to reach you today: _______________________

Reason for visit/main problem: _______________________

Weight (approx): ___________ (lbs or kg) Diet: _______________________

Treats or supplements: _______________________

Any food today: ☐ Yes ☐ No If yes, when: _______________________

Last heartworm test: _______________________

Heartworm preventative: ☐ No ☐ Yes Brand: _______________________

Known allergies or adverse drug reactions: _______________________

Have any of your pet’s relatives had heart disease? _______________________

Do you monitor your pet’s resting (sleeping) respiratory rate (RRR)? ☐ Yes ☐ No If yes, recent RRR (breaths/min): ________

Any problems with the following in the past 6-12 months (or since your last visit with Cardiology)? (if yes, please describe)

☐ Cough: _______________________

☐ Weakness or fainting spells: _______________________

☐ Decreased exercise tolerance: _______________________

☐ Heavy or rapid breathing: _______________________

☐ Poor appetite: _______________________

☐ Increased appetite: _______________________

☐ Frequent urination: _______________________

☐ Increased thirst: _______________________

☐ Weight loss: _______________________

☐ Weight gain: _______________________

☐ Nasal discharge/sneezing: _______________________

☐ Other (please describe): _______________________

Current Medications:

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<tr>
<th>Drug Name</th>
<th>Size/Strength</th>
<th>Dose/Frequency</th>
<th>Last given?</th>
<th>(ISU use only) mg/kg/dose</th>
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Do you give permission for us to perform the following (if necessary):
Shave a small amount of hair for echocardiography, blood pressure, or blood draw? ☐ Yes ☐ No
Administer mild sedation for echocardiography? ☐ Yes ☐ No

03/09 dac

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