



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:

Drug Name	Size/Strength	Dose/Frequency	Last given?	(ISU use only) mg/kg/dose
1.				
2.				
3.				
4.				
5.				
6.				

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