

## Questionnaire for heart cases

Please fill in and mark true with a cross

Date: \_\_\_\_\_

Name, first given name of owner: \_\_\_\_\_

Name of pet: \_\_\_\_\_

Animal species: \_\_\_\_\_

Age/ Date of birth: \_\_\_\_\_

Gender:  male  female  castrated

Referral practice: \_\_\_\_\_

Previous studies:  ECG  x-ray  heart ultrasound  laboratory

Previous medication: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Symptoms:	Yes	No
condition loss	<input type="checkbox"/>	<input type="checkbox"/>
nocturnal restlessness	<input type="checkbox"/>	<input type="checkbox"/>
cough	<input type="checkbox"/>	<input type="checkbox"/>
faster breathing	<input type="checkbox"/>	<input type="checkbox"/>
difficulty in breathing	<input type="checkbox"/>	<input type="checkbox"/>
heckling (cats)	<input type="checkbox"/>	<input type="checkbox"/>
pale mucous membranes	<input type="checkbox"/>	<input type="checkbox"/>
unconsciousness	<input type="checkbox"/>	<input type="checkbox"/>
increase in abdominal circumference	<input type="checkbox"/>	<input type="checkbox"/>
other observations	_____	