

Coughing/Sneezing Questionnaire

Patient Information Label

Doctor: _____

Tech: _____

1. What is the presenting complaint? _____
2. When did it begin/how long has it been going on? _____
3. How often does it occur? _____
4. Has your pet been away from its normal environment recently? (i.e. boarding, groomer, dog park, etc.) _____
5. Has your pet been in contact with any new animals recently? _____

6. What usually triggers the problem? (i.e. coughs after drinking, coughs when pulling on leash, etc.)

7. If pet is coughing, is it after exercise and laying down? _____
8. Is there any discharge from the eyes or nose? If yes, describe it:

9. Was pet recently adopted from a shelter, or purchased from a pet store? _____
10. Is pet kept indoors, outdoors, or both? _____
11. When was your pet last vaccinated? _____
12. Does your pet seem to be experiencing any pain or discomfort? If yes, on a scale of 1-10 how severe? _____
13. Is your pet on any heartworm medication? If yes, what brand, and when was it last given?

14. Is there anyone who smokes in your house? _____
15. How is your pet's appetite? Please also list your pet's current diet. (be specific)

16. Does you pet have any known allergies? _____
17. Has your pet had any trouble breathing or has been panting excessively?

18. If pet is coughing, is the cough productive? (does anything come up)
