

# MORTON SMALL ANIMAL CLINIC

## UPPER RESPIRATORY QUESTIONNAIRE

Since your pet can't talk, please fill out this form completely.

The diagnosis largely depends on a complete history and thorough physical exam.

Date \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Owner's Name \_\_\_\_\_

Contact Phone \_\_\_\_\_

Pet's Name \_\_\_\_\_

Age \_\_\_\_\_

How long has your pet been ill? \_\_\_\_\_ Is it more severe now? \_\_\_\_\_

What symptoms are present? (Check all that apply)

Coughing       Sneezing       Wheezing       Runny Nose       Ocular Discharge

Please describe the nasal and/or ocular discharge. \_\_\_\_\_

Has there been any blood present? \_\_\_\_\_

Is your pet's appetite normal? \_\_\_\_\_ Is your pet drinking water? \_\_\_\_\_

Is your pet as active as normal? \_\_\_\_\_

Is your pet currently on heartworm preventative? \_\_\_\_\_ When was it last given? \_\_\_\_\_

When was your pet last tested for heartworm disease? \_\_\_\_\_

Is your pet current on his/her vaccinations? \_\_\_\_\_ When were they last given? \_\_\_\_\_

Is your pet boarded frequently? \_\_\_\_\_ When was your pet boarded last? \_\_\_\_\_

Do you have other pets that live with this pet? \_\_\_\_\_

If so, are your other pets experiencing similar problems? \_\_\_\_\_

Is your pet around any non-family pets? \_\_\_\_\_

Has your pet previously been diagnosed with any allergies? \_\_\_\_\_

Is your pet currently on any medications for his/her coughing/sneezing or otherwise?\* \_\_\_\_\_

\*Provide full list of medications (prescription and over the counter) on the back of this sheet.