

NAME: _____ **DATE:** _____

CELL PHONE NUMBER _____

Coughing:

DOG **CAT**

Dog Has the dog had annual HEART WORM
PREVENTATIVE? **YES** **NO** **MISSED SOME**

Do you have a video to share with us? Email
holyokeanimalhospital@hotmail.com

1. When did it start? _____

2. Is it getting worse? **Yes** **No**

Improving **Worsening**

3. Is the animal Eating? **Yes** **No** **Not Normal**

4. Is it worse at night? **Yes** **No**

Exercise? **Yes** **No**

5. Does the cough wake the animal up at night?

Yes **No**

NAME: _____ **DATE:** _____

CELL PHONE NUMBER _____