

# Preliminary Questionnaire

**Patient Name:** \_\_\_\_\_

**Pedigree Name if available:** \_\_\_\_\_

**Date of birth:** \_\_\_\_\_

**Medical History:**

1. Is your dog currently receiving any medications?

- Yes                       No

If yes, please provide additional information on the last page of this questionnaire.

2. Does your dog have a heart murmur? \_\_\_\_\_  
3. If so when was it most recently evaluated? \_\_\_\_\_  
4. What grade was it at that evaluation? \_\_\_\_\_

5. Has your dog previously undergone a surgical procedure(s) for any reason?

- Yes                       No

If yes, please list *when* the surgery(s) were performed and for what reason(s).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Has your dog been diagnosed with and/or treated for an ear infection in the past?

- Yes                       No

If yes, please list *when* the treatment began, the duration, and what medications were used.

\_\_\_\_\_  
\_\_\_\_\_

4. Has your dog experienced any seizures?

- Yes                       No

If yes, was a diagnosis for the cause of the seizures found?

- Yes                       No

If yes, please explain.

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5. Has any information arisen regarding relatives of your Cavalier experiencing clinical signs related to syringomyelia or to a Chiari-like Malformation?

Yes                       No                       N/A

If yes, please explain.

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6. If you are in contact with the owners of your Cavalier's littermates, do they demonstrate different behaviors, rate/extent of growth or Chiari-like malformation?

Yes                       No                       N/A

If yes, please explain.

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**Clinical Symptoms of Chiari like Malformation and Syringomyelia**

1. On average, how frequently do you notice your dog scratching (i.e. more than twice daily, once or twice daily, once every x # of days or weeks, or not at all)?

Yes                       No                       N/A

If yes, please list the factors influencing scratching:

3. Is the scratching, if present, primarily directed towards the neck and shoulder region?

Yes                       No                       N/A

If no, which region is more frequently scratched?

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4. Has your dog had painful episodes or evidence of neck pain?

Yes                       No

If yes, what is the frequency of these episodes?

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How do they manifest and what brings them on?

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5. Have you noticed your dog becoming less interactive/more reserved?

Yes

No

If yes, please describe the changes.

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6. Have you noted any changes in your dog's gait or ability to climb stairs?

Yes

No

If yes, please describe the changes.

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Please list any additional information that you feel is important for us to know regarding your dog in the spaces below:

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**Medication Information** – please complete this form if your dog is currently receiving medications.

Drug Name	Dosage	Frequency of Administration	Reason prescribed