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.
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.

______________

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.

______________

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)?

2. Is the scratching, if present, precipitated or worsened by excitement, changes in temperature, play, neck leads, or other contact with the neck? If yes, which of these things make a difference?

☐ 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?

______________

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

☐ Yes  ☐ No
If yes, what is the frequency of these episodes?
________________________________________________________________________________________

How do they manifest and what brings them on?
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

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

☐ Yes ☐ No

If yes, please describe the changes.
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

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

☐ Yes ☐ No

If yes, please describe the changes.
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

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.

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Dosage</th>
<th>Frequency of Administration</th>
<th>Reason prescribed</th>
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