



**Winrock**  
ANIMAL CLINIC, P.C.

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Owner's/Guardian's Name \_\_\_\_\_ Pet's Name \_\_\_\_\_

**Coughing/Sneezing Questionnaire**

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 your 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)  
\_\_\_\_\_