



The Chiari/COMS Project at LIVS Questionnaire

Please print and complete this form - to be submitted at time of admission.

Please fill out a separate questionnaire for each dog that is being brought in for screening.

Owner Name _____

Patient Name _____

Pedigree Name/Registration Number _____

Regular Veterinarian _____

Address _____

Telephone Number _____

Microchip Yes No

Is your dog having clinical signs? Yes No if yes, check all that apply.

Shoulder Scratching Neck Pain Hind Limb Weakness Fore Limb weakness

How long has your dog been exhibiting these signs? (Frequency: hourly, daily, weekly, etc.)

Have these signs progressed over time? _____

Has your dog had a previous MRI or CT scan? Yes No If yes, please state when and where. _____

Has your dog had any previous surgery? Yes No If yes, please state when, where, and what surgery was performed. _____

Has your dog had any previous injuries? Yes No If yes, please indicate what type of injury and where. Please include any scars and tattoos. _____

Has your dog been diagnosed with a heart murmur? Yes No If yes, please state age at diagnosis. Please include dates of any cardiac ultrasound. _____

Has your dog ever had a seizure? Yes No if yes, please state date of last seizure and frequency of seizures. _____

Has your dog been diagnosed with any other clinical diseases? Yes No if yes, please state the disease and when it was diagnosed. _____

Please list all medications your dog is currently taking. _____

Have any of your dog's siblings been diagnosed with a particular condition? Yes No
If yes, please state condition and when it was diagnosed. _____