

Nippers Corner Pet Medical Center

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Cough Questionnaire

Date: _____

1. Describe the cough. Is it wet, dry, etc.? _____

2. How long has the cough been going on? _____

3. Is there a particular time of day that your pet coughs? _____

4. Is there an activity that triggers the cough? _____

5. Does your pet have any other illnesses? _____

6. Is your pet on any medications including heartworm prevention? _____

7. Has your pet had bloodwork or any other lab tests done in the past year? _____
