



06/06

## NEUROLOGY CONSULTATION QUESTIONNAIRE

Canada West Veterinary Specialists and Critical Care Hospital  
1988 Kootenay Street  
Vancouver, B.C. V5M4Y3

**PATIENT'S NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**Please provide only a one or two word answer OR just tick the appropriate box.**

- |   | Yes   | No |
|---|-------|----|
| 1. Has your pet had any known exposure to bats?                     | ()    | () |
| 2. Has your pet ever traveled to Vancouver Island or outside BC?    | ()    | () |
| 3. Has your pet had any diarrhea or vomiting in the last month?     | ()    | () |
| 4. Has your pet had any coughing or sneezing in the last month?     | ()    | () |
| 5. Has your pet shown any compulsive circling?                      | ()    | () |
| 6. Has your pet shown any compulsive pacing?                        | ()    | () |
| 7. Has your pet shown any change in behavior?                       | ()    | () |
| 8. Has your pet shown any change in temperament?                    | ()    | () |
| 9. Has your pet had trouble recognizing someone familiar?           | ()    | () |
| 10. Has your pet started urinating in inappropriate places?         | ()    | () |
| 11. Has your pet started defecating in inappropriate places?        | ()    | () |
| 12. Has you pet been staring vacantly at the walls?                 | ()    | () |
| 13. Has you pet been pressing his or her head into a corner?        | ()    | () |
| 14. Has your pet been bumping into things as if they could not see? | ()    | () |
| 15. Has your pet had any seizures?                                  | ()    | () |
| 16. Has your pet had any collapsing episodes?                       | ()    | () |
| 17. Has your pet had any loss of balance?                           | ()    | () |
| 18. Is your pet taking any medications at the moment?               | ()    | () |
| 19. Is your pet eating and drinking normally?                       | ()    | () |
| 20. Has your pet had any other major illnesses or injuries?         | ()    | () |
| If so, please specify _____   |       |    |
| _____   |       |    |
| 21. How old was your pet when you first acquired him or her?        | _____ |    |
| 22. When was he or she last normal?                                 | _____ |    |
| 23. What was the first sign that you noted?                         | _____ |    |
| 24. Do you have any other comments?                                 | _____ |    |