Holter Diary Log

☐ SINGLE CHANNEL ☐ 12 HOUR ☐ 48 HOUR
☐ DUAL CHANNEL ☐ 24 HOUR ☐ _____

OWNERS NAME: _____

OWNERS ADDRESS: _____

CITY: _____ STATE/PROVINCE: _____ ZIPCODE: _____

PHONE: _____ EMAIL: _____

DOGS NAME: _____

REGISTRATION NO.: _____ BREED: _____

GENDER: ☐ Female Spayed ☐ Female-Not Spayed ☐ Male Neutered ☐ Male-Not Neutered

BIRTHDATE: _____ WEIGHT: _____ specify pounds or kilograms

DATE OF RECORDING: _____

RECORDER S/N NO.: _____

TIME OF TEST: START _____ AM STOP_____ AM
_____ PM _____ PM

PLEASE ANSWER THE FOLLOWING QUESTIONS TO HELP US INTERPRET YOUR STUDY

Has this animal ever had any episodes of collapse? YES _____ NO _____

Is this animal on any medications: YES _____ NO _____

If medications are given, please list the name of the drug, amount given (milligrams) and frequency of dosing (once a day, twice a day, etc).

MEDICATIONS: _____

_____

_____

_____

If during the recording a fainting or syncopal event is detected, press the event button and make an entry in the Holter Log below detailing the event.

TIME	ACTIVITY	SYMPTOMS