

Internal Medicine AVES questionnaire for owners:

**Basic history:**

1. Has your pet traveled outside of Texas in the past? If so, where and how recently?  

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2. If you know what kind of food your pet is eating, what brand or flavor is it?
  - a. If you don't, can you tell us if it is a dry food, a canned food, or a homemade food?
  - b. When was your pet changed to its current diet (estimations are okay such as "many years ago" vs "few weeks ago")?

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3. Is your pet currently getting monthly flea, tick, and heartworm preventive? If so, what is the product?  

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4. To your knowledge, has your pet had any blood transfusions? Check One: YES \_\_\_ NO \_\_\_ UNSURE \_\_\_
5. Other than the pet we are seeing here today, how many *other* pets do you have and what kind of pets are they? (ex: 1 other dog and 2 cats)  

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**Current concerns:**

1. Please circle below the best description of how long your pet's current signs have been happening. (some examples of clinical signs: coughing, sneezing, vomiting, not eating, being lethargic, etc)
  - a. Options: my pet is acting normally, few days, few weeks, few months, few years

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2. On a scale of 1-10, please circle how severe your pets clinical signs were when they started  
1 = totally normal for your pet  
10 = most severe signs you've ever noted  

1      2      3      4      5      6      7      8      9      10
3. On a scale of 1-10, please circle how severe your pets clinical signs are at the current time  
1 = totally normal for your pet  
10 = most severe signs you've ever noted  

1      2      3      4      5      6      7      8      9      10
4. Based on any previous veterinary treatments (special diets, medications, therapies) for the current problems, have you noted any improvement in clinical signs at home? Y \_\_\_ N \_\_\_
  - a. If yes, do you remember which treatment or medication you feel helped?

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5. Based on any previous veterinary treatments (diets, medications, therapies) for the current problems, have you noted any worsening of clinical signs or development of side effects? Y \_\_\_ N \_\_\_
6. To your knowledge, has your primary veterinarian sent over records for today's visit?
  - a. Is there any other emergency or veterinary clinic we should contact to get all of your pets information for the current problem?

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