

AVES INTERNAL MEDICINE QUESTIONNAIRE:

Preferred pharmacy: Name, location and phone number: _____

Basic history:

1. Has your pet traveled outside of Texas in the past?

Circle: YES NO UNSURE

If Yes, when and where? _____

2. Is your pet on a special food?

Circle: YES NO UNSURE

What food? _____ When was it last changed? _____

3. Is your pet currently getting monthly flea, tick, and heartworm preventive?

Circle: YES NO UNSURE

If so, what product(s): _____

4. Is your pet current on vaccinations?

Circle: YES NO UNSURE

Which vaccine(s)/date(s) _____

5. To your knowledge, has your pet had any blood transfusions?

Circle: YES NO UNSURE

6. Where did you acquire your pet?

Age at acquisition: _____

7. Has your pet had any adverse reactions to sedation or anesthesia? YES NO UNSURE

Current concerns:

1. Main goal of today's appointment: _____

2. Please check the box that best description of how long your pet's current signs have been happening.

- My pet is acting normally
- A few days
- A few weeks
- A few months
- A few years

3. 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

4. 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

5. Based on any previous veterinary treatments (special diets, medications, therapies) for the current problems, have you noted any improvement in clinical signs at home?

Circle: YES NO UNSURE

Comments: _____

6. 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?

Circle: YES NO UNSURE

Comments: _____