

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. What food is your pet eating and how much per day?

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 list all the current medications your pet is taking (include prescription or over the counter medications in addition to any supplements)

Medication Name	Mg size	Directions	Date started

3. 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

