

Client last name: _____
Client first name: _____
Phone number: _____
Email address: _____
Patient name: _____

AVES INTERNAL MEDICINE QUESTIONNAIRE:

Preferred pharmacy: Name, location and phone number: _____

Basic history:

- Has your pet traveled outside of Texas in the past?
 Circle: YES NO UNSURE
 If Yes, when and where? _____
- What food is your pet eating and how much per day?

 When was it last changed? _____
- Is your pet currently getting monthly flea, tick, and heartworm preventive?
 Circle: YES NO UNSURE
 If so, what product(s): _____
- Is your pet current on vaccinations?
 Circle: YES NO UNSURE
 Which vaccine(s)/date(s) _____
- To your knowledge, has your pet had any blood transfusions?
 Circle: YES NO UNSURE
- Where did you acquire your pet?
 Age at acquisition: _____
- Has your pet had any adverse reactions to sedation or anesthesia? YES NO UNSURE

Current concerns:

- Main goal of today's appointment: _____
- 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

- Please check the box that best description of how long your pet's current signs have been happening.
 - My pet is acting normally

