

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

**AVES INTERNAL MEDICINE QUESTIONNAIRE:**

**Pharmacy (preferably HEB or Costco):** Name, phone number, and location:

\_\_\_\_\_

**Basic history:**

- Has your pet traveled outside of Texas in the past?  
 Circle:      YES              NO              UNSURE  
 If Yes, when and where? \_\_\_\_\_
- List the food type, brand, and protein source your pet is eating. Note quantity and frequency.  
  
 \_\_\_\_\_  
 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

