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

AVES INTERNAL MEDICINE QUESTIONNAIRE:

acy (preferably HEB or Co	stco): Name,	phone number, and location:						
iistory:								
. Has your pet traveled outside of Texas in the past? Circle: YES NO UNSURE If Yes, when and where?								
2. List the food type, brand, and protein source your pet is eating. Note quantity and fre								
When was it last changed?								
Circle: YES NO	UNSURE		?					
Circle: YES NO	UNSURE							
To your knowledge, has y Circle: YES NO	our pet had a	any blood transfusions?						
Where did you acquire your pet? Age at acquisition:								
Has your pet had any adverse reactions to sedation or anesthesia? YES NO UNSURE								
t concerns:								
Main goal of today's app	ointment:							
Please list all the current medications your pet is taking (include prescription or over the counte medications in addition to any supplements)								
Medication Name	Mg size	Directions	Date started					
	Has your pet traveled out Circle: YES NO If Yes, when and where? List the food type, brand, When was it last changed? Is your pet currently gett Circle: YES NO If so, what product(s): Is your pet current on vac Circle: YES NO Which vaccine(s)/date(s) To your knowledge, has your circle: YES NO Where did you acquire you have at acquisition: Has your pet had any advect concerns: Main goal of today's apport Please list all the current medications in addition to	Has your pet traveled outside of Texas Circle: YES NO UNSURE If Yes, when and where? List the food type, brand, and protein When was it last changed? Is your pet currently getting monthly for 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 a Circle: YES NO UNSURE Where did you acquire your pet? Age at acquisition: Has your pet had any adverse reaction at concerns: Main goal of today's appointment: Please list all the current medications medications in addition to any suppler	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 quant 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 It concerns: Main goal of today's appointment: Please list all the current medications your pet is taking (include prescription medications in addition to any supplements)					

	happen	ing.									
0	My pet is acting normally										
0	A few day	ys									
0	A few we	eks									
0	A few months										
0	A few yea	ars									
4.		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	
5.	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	
6.	current Circle:	proble YES	ems, h	ave you i NO	noted and	y impro	vement i	in clinica	al signs a	ons, therapie It home?	s) for the
	Commen	ts:									
7.		•	e you		•		•		-	rapies) for th	
	Commen	ts:									

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