

Internal Medicine Drop-Off Questionnaire

Client's Name: <first-name> <last-name> Date: <date>

Pet's Name: <animal>

Doctor: <appt-doctorname>

Reason for visit:

Phone Number: _____

What is your **primary** concern for <animal> today?

When is the last time <animal> ate? _____

Is <animal> currently on any medications? YES NO

If yes, please name: _____

Did you bring those medications today? YES NO

Do you need any additional refills of medications? YES NO

If yes, please name: _____

Does <animal> have any allergies to foods or medications? YES NO

If yes, please explain: _____

Has <animal> had blood work done recently? YES NO

Has <animal> had any vomiting recently? YES NO

If yes, when? _____

Has <animal> had any diarrhea recently? YES NO

If yes, when? _____

Has <animal> had a change in eating or drinking recently? YES NO

If yes, please explain: _____

Has <animal> had a change in urination recently? YES NO

If yes, please explain: _____

Do you have any other specific concerns about <animal>?

Are you leaving any personal belongs for <animal>?(blankets, toys, food, etc.) YES NO

If yes, please list: _____

If <animal> is here for an abdominal ultrasound they will have their abdomen shaved in order to obtain the best ultrasound images.