



Triangle Veterinary Emergency Clinic

3319 Durham-Chapel Hill Blvd, Durham, NC, 27707

(919) 489-0615

Internal Medicine Questionnaire

Client: _____ Patient: _____ Date: _____

Environment:

How long have you owned your pet? _____

Where was your pet obtained? _____

Does your pet live:

Indoor	Outdoor	Both
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Has your pet recently been boarded, hospitalized, or at the animal shelter? Yes No

Has your pet had flea/tick exposure? Yes No Unknown

Does your pet hunt? Yes No Unknown

If yes, please describe. (birds, rodents, etc) _____

If yes, where? _____

Has your pet traveled outside North Carolina? Yes No

If yes, where and when? _____

Are there any other pets in your household? Yes No

If yes, please list: _____

Are any of these pets exhibiting any unusual signs or health problems? Yes No

If yes, please describe: _____

Diet:

What type(s) of food does your pet eat? _____

How much and how often? _____

Have there been any changes in your pet's diet recently? Yes No

If yes, please describe: _____

Medications/Supplements:

Is your pet on any medications? Yes No

If yes, please list: _____

Is your pet on any supplements? Yes No

If yes, please list: _____

Is your pet receiving heartworm preventative? Yes No

If yes, monthly or daily preventative? _____

Has your pet had any unusual/unexpected reactions to medications? Yes No

If yes, please explain: _____



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Past Medical History:

Has your pet been spayed or neutered? Yes No

If yes, at what age? _____

Has your pet had any other surgery or trauma? Yes No

If yes, what and when? _____

Is your pet current on vaccinations? Yes No

When was your pet last vaccinated? _____

Dog: Distemper/Hepatitis/Leptospirosis?
Parvovirus?
Bordatella (kennel cough)?
Rabies?
Other?

Cat: Panleukopenia (feline distemper)?
Rhinothacheitis/Calicivirus?
Feline Leukemia?
Rabies?
Other?

Has your pet recently had a routine stool exam for parasites? Yes No

If yes, what was the result? _____

Has your pet recently been dewormed? Yes No

If yes, when? _____

Prior to this illness, has your pet been treated for any major medical problems? _____

Today's Visit:

Summarize your pet's health concern(s): _____

How long has your pet been ill? _____



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General Health:

- | | | | |
|--|-----|----|---------|
| Has there been a change in your pet's appetite? | Yes | No | Unknown |
| If yes, please explain: _____ | | | |
| Has your pet's weight changed recently? | Yes | No | Unknown |
| If yes, please explain: _____ | | | |
| Is your pet drinking more or less water than normal? | Yes | No | Unknown |
| If yes, please explain: _____ | | | |
| Has your pet's energy level changed recently? | Yes | No | Unknown |
| If yes, please explain: _____ | | | |
| Has there been a change in your pet's attitude or behavior? | Yes | No | Unknown |
| If yes, please explain: _____ | | | |
| Has there been a change in your pet's urine? | Yes | No | Unknown |
| If yes, please explain (color, blood, odor, amount): _____ | | | |
| _____ | | | |
| Has there been a change in your pet's urination habits? | Yes | No | Unknown |
| If yes, please explain: _____ | | | |
| Has there been a change in your pet's stools? | Yes | No | Unknown |
| If yes, please explain: _____ | | | |
| Has your pet had any vomiting or diarrhea? | Yes | No | Unknown |
| If yes, please explain: _____ | | | |
| Has your pet been scratching or licking excessively? | Yes | No | Unknown |
| If yes, please explain: _____ | | | |
| Has your pet had any episodes of seizures or collapse/fainting? | Yes | No | Unknown |
| If yes, please explain: _____ | | | |
| _____ | | | |
| Has your pet had any lameness/limping recently? | Yes | No | Unknown |
| If yes, please explain: _____ | | | |
| Have you noticed any swellings or masses on your pet? | Yes | No | Unknown |
| If yes, please explain (location/duration/previously evaluated by your vet): _____ | | | |
| _____ | | | |
| Has there been any discharge from the vagina/prepuce? | Yes | No | Unknown |
| If yes, please explain: _____ | | | |
| Has your pet had any unusual discharge from the ears/nose/eyes? | Yes | No | Unknown |
| If yes, please explain (location, color, amount, frequency): _____ | | | |
| _____ | | | |
| Has your pet been coughing? | Yes | No | Unknown |
| If yes, please explain: _____ | | | |
| Has your pet been sneezing? | Yes | No | Unknown |
| If yes, please explain: _____ | | | |
| Does your pet seem painful? | Yes | No | Unknown |
| If yes, please explain: _____ | | | |
| Are there any other concerns? _____ | | | |
| _____ | | | |