

Internal Medicine Registration Form - Richmond

An accurate and current medical history is one of the most important parts of our medical evaluation. Please take a few moments to fill out this questionnaire to provide our internal medicine doctors with insight into your animals' health and information that may aid them during the comprehensive physical examination.

First Name:

Last Name:

Email:

Phone:

Street Address:

City:

State:

Zip Code:

Primary Veterinary Office:

Pet's Name *

Species :

Cat

Dog

Gender:

Female

Male

Spayed/neutered?

Yes

No

Breed:

What is the primary reason your pet is seeing an internal medicine doctor?

When did you start noticing the symptoms?

Has your pet been evaluated for this problem before?

Yes

No

Has your pet's general activity level:

Increased

Decreased

Remained Normal

If increased or decreased, for how long?

Has your pet's water intake been:

- Increased
- Decreased
- Remained Normal

If increased or decreased, for how long?

Has your pet's appetite been:

- Increased
- Decreased
- Remained Normal

If increased or decreased, for how long?

Does your pet's diet consist of:

- Commercial Food
- Prescription Food
- Table Scraps
- Other

Please list food(s):

When did your pet last eat?

Have you noticed any changes in your pet's urination behavior or frequency?

- Yes
- No

If yes:

How Long:

Frequency/Day:

Please describe changes to the urine (color, blood/straining/accidents present)?

Have you noticed any recent coughing?

Yes No

If yes:

How Long:

Frequency:

Triggers/Causes?

Have you noticed any recent sneezing?

Yes No

If yes:

How Long:

Frequency:

Triggers/Causes?

Have you noticed any recent vomiting?

Yes No

If yes:

How Long:

Frequency:

Triggers/Causes?

Have you noticed any recent diarrhea?

Yes No

If yes:

How Long:

Frequency:

Please Describe (consistency, blood/mucus present):

Any abnormal discharge from ears, eyes, nose, mouth, rectum, genitals?

Yes No

Please describe location, any characteristics, duration:

Has your pet traveled out of the state of Virginia within the past year?

Yes No

if yes, when and where?

Are your pet vaccines current and within the last 12 months?

Yes No

Year of last rabies vaccine:

Has your pet been vaccinated with any elective vaccines (such as leptospirosis, Lyme, FeLV and/or FIV) within the past 12 months?

- Yes
- No
- Unknown

How many medications, including heartworm and flea/tick prevention, is your pet taking?

Please describe all medications including heartworm and flea/tick prevention that your pet is taking:

Name	Strength	Amount Given	Frequency	Last Given	Duration
EX. Gabapentin	100 mg	2 caps	Twice daily	8/18 8:00am	3 weeks

Please bring any medication that your pet(s) is currently taking to this appointment in its original packaging, with the exception of controlled substances such as gabapentin, hydrocodone, etc).

If medications are to be dispensed, does your pet prefer:

- Pill
- Liquid
- Other

If other, please describe:

Has your pet ever experienced adverse or allergic reactions to any medication? Yes No

If yes, please describe:

Does your pet have any known food allergies? Yes No

If yes, which foods?

Has your pet had any significant injuries, illness, surgery, or medical problems in the past that are not covered by the previous questions?

Other pets in the household *

- None
- Dogs: _____
- Cats: _____

Is your pet and his/her housemates: *

- Indoor Only
- Outdoor Only
- Both

Are any other pets showing the same symptoms as your pet visiting today? * Yes No

Thank you for taking the time to complete this form. Our team may ask you to clarify or provide additional details about any of the above during your visit.