

**Welcome to Partner Veterinary Internal Medicine!**  
**Thank you for giving us the opportunity to care for your beloved pet.**

### **Client Details**

Name

First

Last

Address

Address Line 1

Address Line 2

City

State

Zip Code

Home Phone:

Work Phone:

Mobile Phone:

May we contact you at work?

Yes

No

Communication preference:

Call

Email

Text

Email:

### **Alternate Contact**

Contact Name

First

Last

Home Phone:

Work Phone:

Mobile Phone:

May we contact you at work?

Yes

No

## Pet Details

Pet's Name:

Microchip No.:

Species	Dog	Cat
Gender	Male	Female
Spayed/neutered?	Yes	No

Breed

Color/markings:

Behavior Warning:

Primary Veterinary Office

## Initial Visit Questionnaire

Diagnosis and Date of Diagnosis

When did the problem first start?

Compare your pet's condition now to when the problem first started (size change for masses/lymph nodes, pain level, etc.):

At what age was your pet spayed/neutered?

Has your pet ever been bred? Yes No

Was your pet adopted from a breeder? Yes No

Was your pet purchased from a breeder? Yes No

If your pet was purchased, is breeder information available? Yes No

Does your family own any pets from the same breeder/bloodline (siblings, other)? Yes No

**Other medical problems (ongoing care only):**

Has your pet had any prior surgeries? Yes No

If so, please list procedure(s) and date(s) when performed:

Does your pet have a previous history of cancer?

(If yes, please list past diagnoses and dates) Yes No

**Current medications (include name, dose, route, and frequency):**

Any known allergies (food, medication, other)?

**Current diet:**

Current appetite level:	Normal	Decreased	Increased	
Current activity level:	Normal	Decreased	Increased	
Any vomiting or diarrhea?				Yes      No

If yes, please describe:

Any coughing, sneezing, or nasal discharge?      Yes      No

If yes, please describe:

Any neurologic symptoms (ataxia, seizures, etc.)?      Yes      No

If yes, please describe:

**For dogs only:**

What is your pet's heartworm status and is he/she currently on prevention?      Yes      No

If yes, please state which preventive:

**For cats only:**

Has your pet been tested for feline leukemia and/or FIV?      Yes      No

Please state if positive or negative for each:

Please be advised that we are happy to interpret future bloodwork/testing from your primary care veterinarian; however, a diagnostic consultation fee will apply. This fee will vary depending on which lab panel is recommended and it accounts for the time spent interpreting the test results, formulating a plan, and communicating that plan to any parties involved. By checking this box, I acknowledge that there will be an additional charge for this service.

I acknowledge

Do we have your permission to share pictures and stories of your pet on social media?

Yes

No

**How did you hear about Partner?**

My Primary Care Veterinarian

Social Media

Opt-In/Opt-Out for Text Messaging Services

Google

Friend/Family Recommendation

Radio Ad

Event

Other

Please indicate your preference below:

Yes, I consent to receive SMS text messages from Partner Veterinary Emergency & Specialty Center.

No, I do not consent to receive email and/or SMS text messages from Partner Veterinary Emergency & Specialty Center.

By selecting "Yes", you consent to receive SMS text messages from us. Message frequency may vary.

Not all carriers are supported. Standard message and data rates may apply. You may update your preferences or withdraw your consent at any time by notifying us or by replying CANCEL or STOP to any message you receive.

**If your pet has been prescribed any anti-anxiety medication (such as Trazodone or Gabapentin), please ensure that you give it at least 2 hours before the IMED consult.**