

INTERNAL MEDICINE PET HEALTH QUESTIONNAIRE

- Please complete this form prior to your appointment with the internal medicine clinic. This will help us to attain an accurate history.
- If your pet is on any medication, please continue to give the medication as per usual the morning of your appointment.
- Please ensure that your pet is fasted for 12 hours prior to your appointment time. Water may still be given as per usual.
- Please do not allow your pet to urinate immediately prior to your visit as a urine sample may be need to be collected during the appointment.

| Please answer these questions regarding your pet: | Comments: |
|---|-----------|
| Where did you get your pet from? | |
| At what age and when was your pet acquired? | |
| When was your pet last vaccinated? | |
| Do you use any products for ticks and fleas? | |
| Exposure to any animal with a known illness? | |
| Any known allergies to medications or food? | |
| What food does your pet get fed? | |
| How many times per day does your pet get fed? | |
| What is your pet's favourite treats? | |
| Has your pet travelled or ever lived outside of SA? | |
| Has your pet ever been anesthetized or sedated? | |
| Has your pet ever had a blood transfusion? | |
| What problem made you take your pet to the vet? | |
| When did the problem first develop? | |
| Was the problem sudden or gradual in onset? | |
| Has the problem improved, deteriorated or stabilised? | |
| Has your pet showed any vomiting or nausea? | |
| Does your pet show any limping, swelling or pain? | |
| Any coughing, sneezing or nasal discharge? | |
| Any current/chronic medication? Which medication? | |
| Any supplements or human medications given? | |
| Previous medical problems or procedures? | |
| Energy and attitude Decreased <input type="checkbox"/> Increased <input type="checkbox"/> Unchanged <input type="checkbox"/> | |
| Weight and body condition Decreased <input type="checkbox"/> Increased <input type="checkbox"/> Unchanged <input type="checkbox"/> | |
| Appetite and food intake Decreased <input type="checkbox"/> Increased <input type="checkbox"/> Unchanged <input type="checkbox"/> | |
| Thirst and water intake Decreased <input type="checkbox"/> Increased <input type="checkbox"/> Unchanged <input type="checkbox"/> | |
| Urination frequency Decreased <input type="checkbox"/> Increased <input type="checkbox"/> Unchanged <input type="checkbox"/> | |
| Urine volume Decreased <input type="checkbox"/> Increased <input type="checkbox"/> Unchanged <input type="checkbox"/> | |
| Stool frequency Decreased <input type="checkbox"/> Increased <input type="checkbox"/> Unchanged <input type="checkbox"/> | |
| Where does your pet live? Indoor <input type="checkbox"/> Outdoor <input type="checkbox"/> Suburban <input type="checkbox"/> Farm <input type="checkbox"/> | |
| Do you want us to perform CPR on your pet should it become necessary? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| Unsure <input type="checkbox"/> | |

Please e-mail the completed form back to specialist@panoramavet.co.za