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**INTERNAL MEDICINE NEW PATIENT QUESTIONNAIRE**

**Client Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Pet Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Client ID** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SECTION 1 – HOUSEHOLD & MEDICAL HISTORY**

**1a. How long have you owned your pet? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**1b. Where was your pet obtained? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**1c. Your pet is kept primarily: Outdoors ▢ Indoors ▢ Indoor ONLY (Cats) ▢**

**1d. Has your pet been boarded or hospitalized within the past month? Boarded ▢ Hospitalized ▢ Neither ▢**

**1e. Are there other animals in your household? Yes ▢ No ▢ If yes, what? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­\_\_\_\_\_\_\_\_\_\_\_**

**1f. What do you feed your pet (brand, formula, home cooked ingredients)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**1g. How much and how often do you feed your pet? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**1h. Is your pet fed any treats including table scraps? Yes ▢ No ▢ If yes, what types? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 1i. Is your pet spayed or neutered? Yes ▢ No ▢ If yes, how old was your pet when it was spayed/neutered? \_\_\_\_\_\_\_\_\_**

**1j. Other than spaying/neutering, has your pet ever undergone surgery? Yes ▢ No ▢ If yes, what and when? \_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**1k. If female and not spayed, when was her last heat? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**1l. If female, has she had any litters? Yes ▢ No ▢ If yes, when? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SECTION 2 – APPETITE**

**2a. Has your pet’s appetite changed recently? Yes ▢ No ▢**

**2b. If yes, has your pet’s appetite: Increased ▢ Decreased ▢**

**2c. How long has your pet’s appetite been abnormal (days/weeks/months)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SECTION 3 – DIARRHEA**

**3a. Has your pet had any diarrhea or abnormal stools recently?** **Yes ▢ No ▢**

**3b. How long has your pet been having diarrhea for and how often does it occur (times per day/week/month)?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**3c. Is there any blood, mucous or black discoloration?** **Yes ▢ No ▢**

**3d. Has your pet’s diet changed within a week of the diarrhea starting? Yes ▢ No ▢ If yes, explain:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SECTION 4 – VOMITING**

**4a. Has your pet vomited recently?** **Yes ▢ No ▢**

**4b. Does the vomit contain (check ALL that apply): Foam ▢ “Coffee Grounds” Appearance ▢ Blood ▢ Yellow/Green Bile ▢**

**4c. How long has your pet been vomiting for and how often does it occur (times per day/week/month)?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**4d. Has your pet’s diet changed within a week of the vomiting starting?**  **Yes ▢ No ▢ If yes, explain:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SECTION 5 – COUGHING**

**5a. Has your pet been coughing?**  **Yes ▢ No ▢**

**5b. Is your pet coughing more frequently than usual?**  **Yes ▢ No ▢**

**5c. How long has your pet been coughing for and how often does it occur (times per day/week/month)?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**5d. How long does each coughing bout last?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**5e. Your pet’s coughing is worse (check ALL that apply): Morning ▢ Daytime ▢ Evening ▢ With Exercise ▢ At Rest ▢**

**SECTION 6 – NASAL DISCHARGE/SNEEZING/BREATHING**

**6a. Has your pet had any nasal discharge?**  **Yes ▢ No ▢**

**If yes, check ALL that apply: Bloody ▢ Green ▢ Yellow ▢ White ▢ Clear ▢**

**6b. Does your pet have increased sneezing?**  **Yes ▢ No ▢**

**6c. How long has your pet been sneezing for and how often does it occur (times per day/week/month)?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**6d. Does your pet have any difficulty breathing?**  **Yes ▢ No ▢**

**6e. Your pet’s breathing is worse (check ALL that apply): Morning ▢ Daytime ▢ Evening ▢ With Exercise ▢ At Rest ▢**

**6f. Does your pet’s tongue or gums ever turn blue?**  **Yes ▢ No ▢**

**6g. Has your pet ever fainted or collapsed?** **Yes ▢ No ▢**

**SECTION 7 – ACTIVITY LEVEL**

**7a. Has your pet been more lethargic or not wanting to exercise lately?** **Yes ▢ No ▢**

**7b. What percentage of normal is your pet’s current activity level (0-100%)?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**7c. How long has your pet been lethargic (days/weeks/months)?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SECTION 8 – ADDITIONAL INFORMATION**

**8a. Has your pet:**  **Lost weight ▢ Gained weight ▢ Unchanged ▢ If lost or gained, how much?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**8b. Has your pet ever had a seizure?** **Yes ▢ No ▢**

**8c. Is your pet’s thirst:** **Increased ▢ Decreased ▢ The Same ▢**

**8d. Is your pet’s urination volume:** **Increased ▢ Decreased ▢ The Same ▢**

**8e. Has your pet needed to urinate more frequently, been straining to urinate, or had abnormal smelling urine?**  **Yes ▢ No ▢**

**8f. Has your pet ever traveled out of the state of Pennsylvania? Yes ▢ No ▢ If yes, when and where?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**8g. Has your pet had unusual/unexpected reactions to medications? Yes ▢ No ▢ If yes, please explain:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**8h. Has your pet ever been treated for any other major medical problems other than what is listed? Yes ▢ No ▢ If yes, please explain:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SECTION 9 – MEDICATIONS**

**9. Is your pet currently taking any medications including monthly preventatives, supplements, or over the counter medications?** **Yes ▢ No ▢ If yes, list ALL current medications including preventatives, supplements, and over the counter medications:**

**Medication Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Dosage/Frequency** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medication Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Dosage/Frequency** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medication Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Dosage/Frequency** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medication Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Dosage/Frequency** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medication Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Dosage/Frequency** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medication Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Dosage/Frequency** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***I understand that I will be invoiced and owe Metropolitan Veterinary Associates $250.00 if cancelling my appointment within 24 hours of the appointment date/time or if I do not show up for the appointment. I have read and agree with this statement.*** \_\_\_\_\_\_\_\_\_ \_\_\_ ***(initials)***

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_