



# MAINE VETERINARY MEDICAL CENTER

1500 Technology Way • Enterprise Business Park • Scarborough, Maine • 207.885.1290

## Internal Medicine Questionnaire

Date: \_\_\_\_\_

Pet Name: \_\_\_\_\_ Owner Last Name: \_\_\_\_\_

What is your pet's current problem?

When was your pet last normal? \_\_\_\_\_

Has your pet ever traveled outside of the state?      Yes      No

If yes, please list other states/countries visited and when?

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

Where did you obtain your pet (shelter/breeder/stray/other) and at what age?

\_\_\_\_\_

For feline patients, please select one:              indoor only              outdoor only              indoor/outdoor

What do you feed your pet currently? Please be as specific as possible and include amount if known:

Other than the problem listed above, please list other current or past medical problems or surgeries:

When was your pet last vaccinated? \_\_\_\_\_

Are vaccines up to date?

Do you use any flea, tick or heartworm preventative?      Yes      No

If yes, what product(s) do you use and when were they last given

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

Has your pet (if female) ever been pregnant in the past?      Yes      No      Unsure

Has your pet had a transfusion of blood products in the past?      Yes      No      Unsure

Do you have other pets at home?      Yes      No

If yes, what species and how many?

\_\_\_\_\_

Did your pet have any food today?      Yes      No

••• Questions continue on the next page, please turn over •••

Please list any current medications (including over the counter medications, nutritional supplements and herbal medications). Complete as much as possible, but if unknown leave blank.

Drug name	Dose (mg)	How Often	When Started	Given Today?	
				Yes	No
_____	_____	_____	_____	Yes	No
_____	_____	_____	_____	Yes	No
_____	_____	_____	_____	Yes	No
_____	_____	_____	_____	Yes	No
_____	_____	_____	_____	Yes	No
_____	_____	_____	_____	Yes	No
_____	_____	_____	_____	Yes	No
_____	_____	_____	_____	Yes	No

Please list any other drugs or supplements given in the past month but not given currently (including over the counter drugs): \_\_\_\_\_

Has your pet exhibited any of the following signs?

- Vomiting?**            Yes    No
- Diarrhea?**            Yes    No
- Weight gain?**        Yes    No
- Weight loss?**        Yes    No
- Seizures?**            Yes    No
- Limping?**             Yes    No
- Pain?**                 Yes    No
- Coughing?**          Yes    No
- Gagging/retching?**    Yes    No
- Increased sneezing?**    Yes    No
- Abnormal breathing?**    Yes    No
- Decreased activity?**    Yes    No
- Urination abnormalities?** Yes    No

- Appetite:**                    Decreased    Increased    Normal
- Drinking:**                 Decreased    Increased    Normal
- Urination amount:**        Decreased    Increased    Normal
- Frequency of urination:**    Decreased    Increased    Normal