

# Internal Medicine Pre-Registration Form

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

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

Thank you for choosing our Internal Medicine Service. Learning that your pet is ill can be a difficult experience, seeing a new doctor and making decisions about treatment options can be overwhelming. We will try to make your experience as positive as possible.

Please **withhold all food after 8 pm the night prior** to your pet's appointment. **Water should be available at all times.** If your pet is receiving any medications, please ask when scheduling the appointment if your pet should receive these medications on the day of the appointment and bring all medications with you. Some medications (antibiotics) may interfere with further tests (culture), so if your pet is on antibiotics or steroids please call ahead to discuss your visit.

*In order to help us provide your pet with the best care possible answer the following questions to the best of your ability.*

Has your pet ever had any adverse or allergic reaction to any medication? Please describe.

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What is your chief concern regarding your pet today?

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When did the problem start? \_\_\_\_\_

Has there been any vomiting? Please describe. \_\_\_\_\_

Any diarrhea or constipation? Please describe. \_\_\_\_\_

Any coughing? Please describe. \_\_\_\_\_

Any sneezing or nasal discharge? Please describe. \_\_\_\_\_

Any changes in drinking or urination? \_\_\_\_\_

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Lethargy? Change in behavior? \_\_\_\_\_

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Prior medications? Any response to these medications? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Current medications and doses: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What is your pet's current diet? Any supplements? Any prior diets or recent diet changes?  
\_\_\_\_\_  
\_\_\_\_\_

What is your pet's appetite (circle one, and/or comment):  
not eating at all                      decreased                      normal                      ravenous  
Comment: \_\_\_\_\_

Has there been any weight loss or gain? How long ago?  
\_\_\_\_\_

Are your pet's vaccinations current? \_\_\_\_\_

When was your pet last tested for heartworm? Results? \_\_\_\_\_

Any exposure to fleas, ticks or other parasites? \_\_\_\_\_

Does your pet receive flea, tick and/or heartworm preventive? Which one? How frequently? Last dose? \_\_\_\_\_

Does your pet live with other animals? If so, are they healthy? \_\_\_\_\_

What is your pet's normal environment and activity? (i.e. indoor only, farm animal, hunts, etc.) \_\_\_\_\_

Any recent travel history? \_\_\_\_\_

How long have you had your pet and where did you obtain your pet? \_\_\_\_\_

Besides the primary problem, is there anything else you wish to discuss? Use this space for any additional information you wish to provide. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Thank you for taking the time to help us get to know your pet better.

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