



THE NEW HAMPSHIRE
VETERINARY SPECIALISTS

INTERNAL MEDICINE NEW PATIENT HISTORY

Thank you for visiting our Internal Medicine Department.

To better assist us in diagnosing and treating your pet, please take a moment to complete the questionnaire below regarding medical history.

Client Name: _____ **Pet Name:** _____

GENERAL HISTORY:

- 1) At what age and where (breeder/shelter, and location) was your pet acquired?

- 2) Is your pet current on vaccines? Is your pet currently on flea/tick, heartworm preventatives?

- 3) Has your pet ever been aggressive to humans or other animals at home or at the vet?

- 4) Has your pet traveled outside of NH? If so, when/where?

INTERNAL MEDICINE HISTORY:

- 1) What prompted you to seek the Internal Medicine Specialty service at our hospital?

- 2) When did the problem first develop? Was the problem sudden or gradual in onset?

- 3) Have you noticed any changes in your pet's attitude or activity level? If so, please describe.

- 4) Does your pet have any coughing, sneezing, nasal discharge, vomiting, changes in stool? If so, for how long?

- 5) Have there been any changes in your pet's appetite and/or weight? If so, please describe.

- 6) Have there been any changes in your pet's water consumption or urination? If so, please describe.

- 7) Has your pet ever been anesthetized or sedated? If so, when was it and were there any complications?

- 8) Is your pet allergic or intolerant of any foods or medications? If so, which ones?

- 9) Has your pet ever had a blood transfusion? If so, when?

- 10) Does your pet have any other previous medical problems? If so, please list.

Preparing for your Internal Medicine Consultation

- Please fill out the attached Internal Medicine History Questionnaire **prior** to your appointment time; this information is very helpful in getting an accurate history of your pet's condition. You can also e-mail this to us before your appointment. For Southern NH Veterinary Referral patients, please email info@snhvrh.com. For Veterinary Critical Care and Referral patients, please email info@vecctnh.com.
- Please plan to be at our hospital for approximately 1½ - 2 hours for your appointment.
- Please record or bring any medications or supplements your pet is currently, or has recently taken (including dosages). We will also want to know the brand and amounts of food and treats your pet is eating.
- Please do not allow your pet to urinate immediately before your appointment (in case we need to collect a urine sample).
- Please do not feed your pet for 12 hours prior to your appointment (water is ok).
 - If your pet is diabetic, feed and give insulin as usual.
- If you have made an appointment without a referral from your veterinarian, please be sure to have them send copies of your pet's records and any x-rays prior to your appointment day.