

Patient: _____
Date: _____



SEVO – Internal Medicine Questionnaire

1. What is your pet here for today?
2. How has your pet been feeling since your last visit with us?
Vomiting?
Diarrhea?
Appetite?
Activity Level?
3. What medication(s) has your pet received this morning? What time?
4. Did your pet eat this morning? Diet:
5. List all current medications your pet is on, including herbal remedies:
6. Do you need refills on any prescriptions? If so, please list them.
7. What time will you be picking up your pet today?
8. Do we have permission to tranquilize your pet today **IF** necessary?
Yes/No
9. Do you have any questions for the doctor today? Please explain:

** Contact phone number for today's visit: _____

Signature