



VCA Aurora Internal Medicine Service

To our New Internal Medicine clients,

Welcome to the VCA Aurora Animal Hospital's Medicine Service! For your appointment we ask that you arrive 15 minutes early to complete necessary admission paperwork. In order to assist the attending clinician in providing optimum care for your pet, new clients are asked to complete a preregistration form. This form can be downloaded from our website www.vcaaurora.com, or you can request a form to be sent to you via fax or mail. You should bring the completed preregistration form along with any laboratory testing or imaging studies (e.g. radiographs, ultrasound studies) to the initial examination. **Please have your veterinarian fax all pertinent information to our service prior to your appointment for our review. Imaging studies such as radiographs cannot be faxed and will need to be e-mailed by your veterinarian or physically brought by you.**

Your initial appointment typically will last for approximately 1 hour. During this time the attending doctor will review your pet's history and previous laboratory test results, as well as perform a comprehensive examination. Following this, diagnostic and/or treatment options will be discussed with you. It is imperative that your pet be fasted for a minimum of 12 hours prior to the appointment unless your veterinarian deems this inappropriate due to a preexisting medical condition, e.g. diabetes. Depending upon the extent of your pet's medical problem, most diagnostic procedures are completed during the course of the day of the initial visit. However, if you have an evening appointment some diagnostics and/or procedures may require scheduling for the following day and you may leave your pet with us if this is more convenient. If there is a need to hospitalize your pet for more extensive diagnostics or treatment this will be discussed with you prior to admission. Following the examination of your pet and consultation, a treatment consent form, complete with a fee estimate, will be provided for mutually agreed upon diagnostic and/or treatment recommendations.

If desired, please ask to speak to a Medicine Service technician if you would like an estimation of fees prior to your visit. We will make every attempt to provide approximate fees based upon the available information, realizing this may change depending upon findings during the consultation appointment. Upon examination and consultation and review of any previously performed laboratory tests, additional diagnostics or treatments may be recommended.

We look forward to seeing you and your pet very soon! Please do not hesitate to contact us at any time if you have additional questions or concerns.

Sincerely,

VCA Aurora Internal Medicine Service



Internal Medicine Patient History Form

Patient Name:

Client Name:

1. Does your pet have any allergies or ever had reactions to any medications?

2. What are your primary concerns about your pet's health today?

3. When did the problem first occur, what is the frequency of occurrence, and has it progressed in any way?_____

4. Was the onset of the problem sudden or gradual?_____

5. If not the presenting problem, is your pet experiencing coughing, sneezing, vomiting, or diarrhea? If so please describe frequency of events providing as much detail as possible:_____

6. Have there been any changes in water consumption or urination and have you noticed any urinary accidents within your home? If yes, please describe:

7. Have you noticed any changes in defecation habits, changes in the color of the stool, or presence of blood, mucous or straining?_____ If yes please describe:

8. Is your pet currently receiving any medications? _____ If so, what are the names of the medications, dosage in milligrams (mgs), frequency of administration, and how long has your pet been on the medication(s)?

9. If your pet has received medications for the presenting problem, for how long were they prescribed and what type of response did you see e.g., none, incomplete, transient?_____

10. Where did you obtain your pet and at what age? _____

11. Has your pet frequented parks, forest preserves, or traveled outside of Illinois within the previous 2 years? If so what states or countries and when? _____

12. Is your pet in a fenced in back yard, leashed walked, or supervised when outdoors? _____

13. Does your pet have access to dead or decaying foliage, bodies of water, or exposure to wildlife? _____ If so please describe: _____

14. What vaccinations has your pet had and when were the last immunizations given? _____

15. Is your pet on heartworm and flea and tick preventative and if so, what is the brand name and during what months do you use it? _____

16. Has your pet ever been infested with fleas or ticks and if so when was the most recent occurrence? _____

17. When was your pet last tested for heartworms? _____

18. Do you have other pets at home? _____ If so, what species, how many, and what is their present health status? _____

19. If applicable, do any of your other household pets go outdoors, frequent parks, or forest preserves, or have any traveled anywhere within the previous two years?

20. If applicable, are any of your other pets showing signs of any illness? If so please describe: _____

21. Does your pet have any other medical problems? If so please describe: _____

