



Internal Medicine Intake Form

Dallas Veterinary Specialists
6150 E. Mockingbird, Suite 201
Dallas, TX 75214
T. 214.828.5800 Fax 469.334.0230

Client's Name _____ Pet's Name _____

Appetite	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Ok	<input type="checkbox"/> Poor	<input type="checkbox"/> Not Eating
Diet	_____		Amount	_____	
	_____		Frequency	_____	
Thirst	<input type="checkbox"/> Increased	<input type="checkbox"/> Normal	<input type="checkbox"/> Decreased		
Vomiting	<input type="checkbox"/> None	<input type="checkbox"/> Occasional	<input type="checkbox"/> Frequent		
Contents	<input type="checkbox"/> Food	<input type="checkbox"/> Blood	<input type="checkbox"/> Fluid	<input type="checkbox"/> Hairball	
Defecation	<input type="checkbox"/> Normal	<input type="checkbox"/> Soft Stools	<input type="checkbox"/> Very Loose	<input type="checkbox"/> Bloody	
Urination	<input type="checkbox"/> Normal	<input type="checkbox"/> Increased	<input type="checkbox"/> Painful	<input type="checkbox"/> Bloody	
Energy	<input type="checkbox"/> Good	<input type="checkbox"/> Decreased	<input type="checkbox"/> Weak		
Coughing	<input type="checkbox"/> None	<input type="checkbox"/> Intermittent	<input type="checkbox"/> Decreased	<input type="checkbox"/> Increased	
If coughing, how often:	_____				
Breathing	<input type="checkbox"/> Normal	<input type="checkbox"/> Labored			
If labored, when and how often:	_____				
Lameness (Limping)	<input type="checkbox"/> None	<input type="checkbox"/> Occasional	<input type="checkbox"/> Persistent		
Which limb(s) are affected:	_____				
Pain	<input type="checkbox"/> None	<input type="checkbox"/> Intermittent	<input type="checkbox"/> Persistent		
What seems to hurt:	_____				
Has your pet traveled outside of the state?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Do you have any other concerns?	_____ _____ _____				

