Internal Medicine Intake Form



This form is to streamline your pet's appointment and will NOT replace important verbal communication with your pet's medical team. Our internal medicine clinicians will review this information with you at the time of your consultation. Please email your completed form to internalmedicine.phl@bluepearlvet.com.

Potis namo	t's name Client's name					
Email address			-			
Is your pet spayed or neutered?	Female spayed	Female unaltered	Male neutered	Male unaltered		
If your pet is spayed or neutered, at w	nat age were they altered?	' As a puppy or an adult dog	y?			
How old is your pet? If your pet's birth	day is known, please note	it here.				
When and where did you obtain your p	pet? What was their appro	ximate age at that time?				
What is your main concern for your pe						
Is your pet experiencing any of the fol	owing issues? Please chec	k all that apply.				
Abnormally ravenous appetite	Difficult	Difficulty or straining to urinate		Limping or lameness		
Bloody urine	Exercise	Exercise intolerance		Seizures, fits or neurologic episodes		
Breathing difficulties	Inappro	Inappropriate elimination or accidents		Sneezing		
Collapsing or fainting	Incoordi	Incoordination		Voice changes		
Coughing	Increase	Increased respiratory rate or effort		Vomiting or regurgitation		
Decreased appetite or anorexia	Increase	Increased thirst		Weakness		
Diarrhea or soft stool	Increase	Increased urination		Weight loss		
Difficulty or straining to defecate	Lethargy	Lethargy				
Does your pet have any previous medi	cal problems prior to the o	current issue at hand?				
What medications is your pet currently	y receiving?					
Has your pet been on any recent medic	cations that have been dis	continued or completed? _				
Does your pet have any history of anes	thetic procedures or surg	eries?				
Does your pet have any known allergie	es?					

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Today's date					
How is your pet exercised and w	vhat are they exposed to?				
Doggy daycare	Hikes/wooded areas	Walks			
Groomers	Swimming	Yard access			
What brand of food do you feed your pet? What is the formulation (dry or canned)?					
What is your pet's feeding schedule? How much do you feed your pet and how often?					
Has your pet had any recent die	t changes? Yes	No			
Is your pet up to date on their vaccines? If so, have they had any recent shots within the past month?					
Has your pet ever traveled with you outside of the tri-state area? If so, where?					
Has your pet had any recent environmental changes (recent move, home improvements, new pet, baby, etc.)?					
Is your pet on any monthly flea/tick or heartworm prevention? If so, what brands?					
Do you have any other animals in the household? Are they healthy?					

IMPORTANT: BluePearl strives for seamless care between your pet and your veterinarian. Please keep the following in mind when considering your pet's needs:

- When calling for medication, please provide two business days to allow our medical team time to review your records.
 Phone messages, refill requests and email communications are checked daily when your specialty service is in the office.
 However, please keep in mind BluePearl Philadelphia has no specific pharmacy staff, and medications are often NOT filled during clinical hours while we are caring for our patients.
- Due to increased demand, it is important to schedule your follow-up appointment as soon as possible to ensure availability for your pet to be seen within the recommended time frame.
- For urgent matters, such as a medical emergency or you are concerned your pet's health is declining, please do not rely on email. Instead, have your pet evaluated by a veterinarian. Emails are checked daily during business hours when our internal medicine service is in the office. However, it can take up to three working days to respond to your message. If you have a time-sensitive medical concern for your pet or need medication refills, please call our hospital at 267.800.1950, which is available 24-7.

Please email your completed form to internalmedicine.phl@bluepearlvet.com.