

## Vomiting and/or Diarrhea Questionnaire

1) If your pet's history (i.e. vaccines etc.) is not with us, which hospital should we contact?

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2) Does your pet spend any time outdoors?  Yes  No What percent each day? \_\_\_\_\_  
 Fenced yard  Leash walk  Free roam

3) What is your pet's diet? \_\_\_\_\_ How much? \_\_\_\_\_ Any recent changes? \_\_\_\_\_

4) Does your pet receive any medications or supplements? (Prescribed or OTC)  Yes  No

If yes, what medication and how much? \_\_\_\_\_

Heartworm Prevention \_\_\_\_\_ Date of last dose \_\_\_\_\_

Flea/Tick Prevention \_\_\_\_\_ Date of last dose \_\_\_\_\_

5) Habits / Symptoms

|                             |                                 |                                    |                                    |
|-----------------------------|---------------------------------|------------------------------------|------------------------------------|
| Urination:                  | <input type="checkbox"/> Normal | <input type="checkbox"/> Increased | <input type="checkbox"/> Decreased |
| Defecation:                 | <input type="checkbox"/> Normal | <input type="checkbox"/> Increased | <input type="checkbox"/> Decreased |
| Eating:                     | <input type="checkbox"/> Normal | <input type="checkbox"/> Increased | <input type="checkbox"/> Decreased |
| Drinking:                   | <input type="checkbox"/> Normal | <input type="checkbox"/> Increased | <input type="checkbox"/> Decreased |
| Coughing:                   |                                 | <input type="checkbox"/> Yes       | <input type="checkbox"/> No        |
| Sneezing:                   |                                 | <input type="checkbox"/> Yes       | <input type="checkbox"/> No        |
| Scratching/Chewing/Licking: |                                 | <input type="checkbox"/> Yes       | <input type="checkbox"/> No        |

Is pet vomiting?  Yes  No

If yes, for how long? \_\_\_\_\_ How often? \_\_\_\_\_ How soon after pet eats? \_\_\_\_\_

What is the consistency (yellow, frothy white, undigested food, other) \_\_\_\_\_

Is pet having diarrhea?  Yes  No Is there urgency to go out?  Yes  No

How long? \_\_\_\_\_ What is the consistency? (watery, bloody, cow-patty like) \_\_\_\_\_

Is your pet lethargic?  Yes  No If yes, how long? \_\_\_\_\_

Does pet drool?  Yes  No Have Bad Breath?  Yes  No Act painful when eating?  Yes  No

Could pet have gotten into something? (garbage, table food, chemicals, rat poison) \_\_\_\_\_

Does your pet have increased sounds from abdomen?  Yes  No Any pain in abdomen?  Yes  No

**PLEASE CHOOSE ONE OF THE OPTIONS BELOW AND SIGN**

*I give the Doctor permission to do bloodwork, radiographs, or any medication that she may deem necessary.*

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*Please call me if the Doctor needs to do any additional treatment or medication.*

\_\_\_\_\_ **Contact number** \_\_\_\_\_