

Vomiting/Diarrhea Questionnaire

Patient Information Label

Doctor: _____

Tech: _____

1. What is the presenting complaint?

2. When did it begin/how long has it been going on?

3. What time of day does it usually occur? (i.e. Pet vomits every morning)

4. How often does it occur?

5. What is your pet's current diet, and has it been changed recently? (How much is given, and how often he/she is fed. Include treats or any human food given.)

6. Has your pet been given any new or different foods recently?

7. Does your pet get any rawhides or pigs ears?

8. What is your pet's appetite like?

9. What is your pet's water intake like?

10. Describe your pet's bowel movements: (color, consistency, frequency, amount, etc.) _____

11. If pet is vomiting, describe what the vomit looks like: _____

12. If pet chews on toys, have any been chewed up or have gone missing recently? _____
13. Has your pet gotten into anything recently? (i.e. Trash, pesticides, hazardous materials, etc.) _____
14. Has your pet been under any kind of stressful event lately? (i.e. boarding, traveling, company at your home, construction on your home, etc.) _____

15. Does your pet seem to be experiencing any pain or discomfort? If yes, on a scale of 1-10, how severe? _____
16. Does your pet have any known allergies?

17. Is your pet kept indoors, outdoors, or both? _____
18. Has your pet been away from its normal environment? Or been around any new animals recently? _____