

## Vomiting and Diarrhea Questionnaire

Because our pets can't tell us what is wrong, please take the time to describe your pet's problem as completely as possible. This form will become part of your pet's medical record.

### Evaluation Form

A thorough history can help us find the source of your pet's vomiting and/or diarrhea more efficiently. Please answer the following questions to help guide the diagnostic process.

Patient Name \_\_\_\_\_ Client Name \_\_\_\_\_ Date \_\_\_\_\_

Reason for Visit \_\_\_\_\_

### Physical Evaluation

•Please check all of the following that describe your pet's problem.

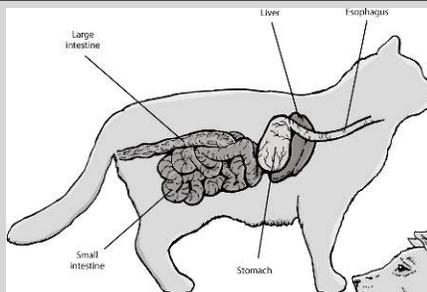
- Vomiting (check all that apply)
- Fluid (color) \_\_\_\_\_
  - Food
  - Foreign material (not food) \_\_\_\_\_
  - Plant material
  - Foam
  - Hair
  - Other \_\_\_\_\_

If your pet is vomiting, please check all that apply to frequency.

- My pet vomits \_\_\_\_\_ (# of times)  Daily  Weekly  
 Monthly  Occasionally  After eating  No pattern

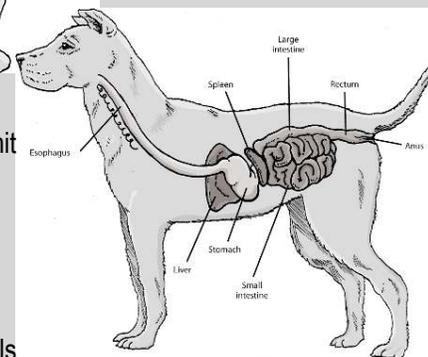
•When did your pet last vomit? \_\_\_\_\_

- Excessive salivation/drooling
- Parasites -worms in stool or vomit
- Weight loss
- Decreased activity level
- Loss of appetite
- Diarrhea (loose stools)  
-see below for description of stools



Your pet's digestive system

Mouth	Liver
Esophagus	Pancreas
Stomach	Intestines



**Dietary Evaluation** - It is extremely important to know everything your pet is ingesting, as it may be contributing to your pet's condition.

•What pet food are you feeding your pet? (be as specific as possible) \_\_\_\_\_

•How often do you feed your pet?  Once daily  Twice daily  Free feed (food always available)  Other \_\_\_\_\_

•How much do you feed your pet?  Food not measured  (describe amount) \_\_\_\_\_

•Do you feed the same food regularly or provide a variety?  Always same  Variety

•Have you changed your pet's diet recently?  Yes  No If yes, when \_\_\_\_\_

•Do you give your pet packaged treats?  Yes  No If yes, describe \_\_\_\_\_

•Do you feed your pet "human" food?  Yes  No If yes, describe \_\_\_\_\_

•If you have more than one pet, does your pet have access to another pet's food?  Yes  No

•Does your pet chew or destroy toys or bedding?  Yes  No If yes, describe \_\_\_\_\_

•Does your pet chew or ingest plant material?  Yes  No If yes, describe \_\_\_\_\_

•Has your pet's water intake changed?  Yes  No If yes, describe \_\_\_\_\_

•What medications is your pet taking (include heartworm/flea control, nutritional supplements, etc.)? \_\_\_\_\_

•Has your pet been exposed to any toxins, pesticides, and/or human medications? \_\_\_\_\_

**Stool Evaluation** - Fecal consistency is a function of the amount of moisture in the stool. Ideally, in a healthy animal, stools should be firm but not hard, pliable and segmented, and easy to pick up (Score 2).

**Please choose the score that best describes your pet's stools, then answer the questions below.**

**Fecal Consistency Score**

Score 1

- Stool very hard and dry
- Much effort required to expel feces from body
- No residue left on the ground when feces picked up
- Often expelled as individual pellets



Score 2 (Normal)

- Stool firm but not hard
- Pliable and segmented in appearance
- Little or no residue left on ground when picked up



Score 3

- Stool log-like
- No segmentation visible
- Moist surface
- Leaves residue but remains firm when picked up



Score 4

- Feces very moist (soggy)
- Distinct log shape
- Leave residue and loses form when picked up



Score 5

- Feces very moist
- Distinct shape (piles rather than log shape)
- Leaves residue and loses form when picked up



Score 6

- Feces has texture but no defined shape
- Occurs in piles or looks like spots
- Leaves residue when picked up



Score 7

- Feces watery, flat, with no texture
- Occurs as puddles
- Leaves residue when picked up



- Describe urgency -  Not urgent  Urgent  Very Urgent
- Is your pet straining to defecate?  Yes  No
- Have there been stool accidents in the house or outside litterbox? -  Yes  No
- Describe amount and frequency -  Small amounts  Large amounts
- Number of stools per day \_\_\_\_\_
- How long has your pet had diarrhea? \_\_\_\_\_
- When was the last normal stool? \_\_\_\_\_
- Describe character - check all that apply  Bright red blood  Dark, tarry appearance  Mucous in stool  Black stools
- Parasites - (visible worms) - describe \_\_\_\_\_
- Foreign material (hair, fabric, plastic) - describe \_\_\_\_\_

**Lifestyle Evaluation**

- Where does your pet live?  Indoors  Outdoors  Both
- Have you taken your pet on a trip to another location?  Yes  No If yes, where and when? \_\_\_\_\_
- Are there other pets in your household?  Yes  No
- Have you recently moved?  Yes  No
- If yes, do these pets have the same symptoms?  Yes  No
- Have you been to a new dog park or walking trail?  Yes  No
- Do other pets go outside?  Yes  No
- Are there other people that feed your pet or give your pet treats?  Yes  No If yes, how often \_\_\_\_\_
- Do you board your pet or take him or her to the groomers?  Yes  No If yes, when was the last time? \_\_\_\_\_
- Are any humans in your household exhibiting signs?  Yes  No

**Prior Treatments**

- Has your pet been treated for vomiting or diarrhea before?  Yes  No If yes, when was your pet last treated? \_\_\_\_\_
- Indicate previous treatments administered to your pet. (check all that apply)  Anti-nausea injection  Anti-nausea pill
- Antibiotics  Probiotics  Prescription Diet  Dewormer  Over the counter \_\_\_\_\_
- Other (please specify) \_\_\_\_\_
- Have treatments/medications improved condition?  Yes  No If yes, which treatment(s)? \_\_\_\_\_