

Gastrointestinal Questionnaire

Patient's Name: _____

Date: _____

- 1) Is your pet vomiting? (please circle) **YES** **NO**

If so, please explain:

Frequency: _____

Amount: _____

Contents (food/bile): _____

- 2) Is your pet having diarrhea? (please circle) **YES** **NO**

If so, please explain:

Frequency: _____

Consistency: _____

Color: _____

Blood: **YES** **NO**

- 3) On a scale from 0-10, how is your pet's energy level? (please circle)

0(normal energy) 1 2 3 4 5 6 7 8 9 10(extremely lethargic)

- 4) On a scale from 0-10, how is your pet's appetite? (please circle)

0(normal appetite) 1 2 3 4 5 6 7 8 9 10(not eating at all)

- 5) When did these symptoms start? _____

- 6) Is your pet prone to chewing? (please circle) **YES** **NO**

If so, please check what type of items:

- Toys**
- Sticks/leaves**
- Rocks**
- Getting in the trash**
- Bedding or clothing**

- 7) Has your pet had any previous history of these symptoms? (please circle) **YES** **NO**

If so, please explain: _____

- 8) Has your pet been to the kennel, dog park, groomer, or daycare recently? (circle) **YES** **NO**

If so, where? _____

- 9) Have there been any new medications/treats or food changes recently? (please circle) **YES** **NO**

If yes, please explain in detail on page 2 under medication and diet.