

Canine/Feline Gastroenteritis History Questionnaire

Name: _____ Date: _____

Current Diet (include treats and table foods/extras):

Any new foods or diet changes in the past 2 months? yes/no, explain if needed: _____

Current Medications and Supplements:

Any possible ingestion of non-food objects? (toys, mulch/sticks, string, etc.) yes/no
Appetite decreased? yes/no

Diarrhea:

Diarrhea/soft stools/increased gas yes/no

If yes, date signs started: _____

Increased frequency? yes/no

Increased volume of stool? yes/no

Blood? yes/no

Color change? yes/no

Mucus? yes/no

Exposure to areas other dogs outside the home defecate/kennels/day camp? yes/no

Vomiting:

Vomiting/regurgitation/spitting up? yes/no

Increased interest in eating grass? yes/no

If yes, date signs started: _____

Frequency of vomiting? _____

Is there a trigger for vomiting or a typical time vomiting is seen? _____

Can patient keep food down? yes/no/sometimes

Can patient keep water down? yes/no/sometimes