

GASTROINTESTINAL HISTORY WORKSHEET

Fill out before your pet's hospital visit and share with your veterinarian

Your Name: _____

Your Pet's Name: _____

Your Pet's Age: _____

Your Pet's Breed: _____

GI History

How long has your pet been ill? _____

Has your pet lost weight? Yes No If so, how much? _____

Does your pet have difficulty defecating? Yes No

Any known or suspected ingestion of nonfood items (e.g. cat toys)? Yes No

If your pet is experiencing vomiting or regurgitation, please answer the following:

Is there an abdominal effort (vomiting)? Yes No Or is it more of a passive event (regurgitation)? Yes No

How many times a day does it occur? _____

What is the appearance of the vomitus? _____

Is food digested? Yes No Or undigested? Yes No

Is there any fresh blood in the vomitus? Yes No

Does vomitus look like "coffee grounds"? Yes No

What is the shape of the vomitus? _____

Does your pet have bad breath? Yes No

If your pet is experiencing diarrhea, please answer the following:

How many stools a day? _____

What is the appearance of the stools? _____

Is there any fresh blood? Yes No

Is there any mucus? Yes No

Are the stools bulky? Yes No Or thin? Yes No

What is the shape of the stools? _____

What color is the stool? _____

Is the stool color normal for your pet? Yes No

Dietary History

Is the pet food: homemade raw commercial

Is it primarily: dry food canned food a mix of dry and canned

If it is a commercial food, what brand, formula, and flavor is it? _____

If the food is homemade, what are the ingredients and amounts of each ingredient?

How long has the food been fed? _____

How frequently is the type of food changed? _____

When was the type of food last changed? _____

How much food does your pet actually eat per day? _____

How is food measured? weight volume

Is your pet fed with measured portions or do you leave food out at all times? _____

How many times per day do you feed your pet? _____

Who feeds your pet and what are the ages of the caretakers? _____

If there are other pets in the household, what are they being fed? _____

Does your pet receive additional food items like treats, vitamins, supplements, etc.? Yes No

Does your pet receive “people food”? Yes No

If your pet receives medications, are they given in food? Yes No If so, what type?

Does your pet eat nonfood items (like tissues, clothing, etc)? Yes No

Do you give your pet milk? Yes No

Do you provide fresh water daily? Yes No

Does your pet have access to garbage or “people food”? Yes No

General History

Is your pet exclusively: Indoors? Outdoors? Both?

Any access to household or garden chemicals? Yes No

How many cats are in your household? _____

Are there other pets in your household? Yes No If so, what type?

What is your pet’s vaccine history? _____

Does your pet have any chronic conditions? _____

Is your pet taking any medications (heartworm preventative, dewormer etc.)? Yes No

Any change in water consumption? Yes No

Any change in urination habits? Yes No

Any change in exercise habits? Yes No

Any change in behavior, activity level, body posture? Yes No

Any changes in household environment (e.g. relocation, new family members, remodeling)? Yes No