Gastrointestinal Questionnaire

Pet: _____ Owner: _____ Date ___/___/___

1. Does your pet have diarrhea? ❑ No ❑ Yes ❑ Don't know
   If yes please answer the following questions:
   a. How long has your pet had diarrhea? _____
   b. Is the diarrhea: ❑ getting worse ❑ getting better ❑ staying the same

2. Describe the consistency of the stool: ❑ watery / liquid ❑ soft ❑ normal ❑ firmer than normal

3. What is the color of your pet's stool? ❑ brown ❑ yellow ❑ green ❑ black ❑ red ❑ other _____

4. Have you noticed blood in the stool? ❑ No ❑ Yes ❑ Don't know

5. Have you noticed mucus in the stool? ❑ No ❑ Yes ❑ Don't know
   (Mucus causes the stool to have a glistening appearance)

6. Does your pet strain during its bowel movements? ❑ No ❑ Yes ❑ Don't know

7. Have you noticed an increased frequency in your pet's bowel movements? ❑ No ❑ Yes ❑ Don't know

8. Have you noticed any intestinal parasites (worms) in your pet's stool? ❑ No ❑ Yes
   If yes what do they look like: ❑ spaghetti (roundworms) ❑ rice (tapeworms)

9. Is your pet vomiting? ❑ No ❑ Yes ❑ Don't know
   If yes please answer the following questions:
   a. How long has your pet been vomiting? _____
   b. How frequently is your pet vomiting? _____
   c. Is the vomiting: ❑ getting worse ❑ getting better ❑ staying the same
   d. What is in the vomitus? ❑ bile (yellow fluid) ❑ food ❑ foam ❑ blood ❑ other _____

10. Describe your pet's appetite: ❑ normal ❑ increased ❑ decreased ❑ not eating

11. Describe your pet's water intake: ❑ normal ❑ increased ❑ decreased ❑ not drinking

12. What do you feed your pet? Include treats and table food if applicable: _____
    _____

13. What is your pet's activity level? ❑ normal ❑ increased ❑ decreased

14. Does your pet go outside? ❑ No ❑ Yes
    If yes please answer the following questions:
    a. Is your pet supervised while it is outside? ❑ always ❑ sometimes ❑ never
    b. Do you have a fenced in yard? ❑ No ❑ Yes

15. Does your pet have any unusual cravings? ❑ grass ❑ dirt ❑ rocks ❑ fabric ❑ string ❑ metal
    ❑ rubber bands ❑ plastic ❑ feces ❑ other _____

16. Are there any other pets in the household? ❑ No ❑ Yes
    If yes, are any of them vomiting or experiencing diarrhea? ❑ No ❑ Yes

17. Does your pet have excessive gas (flatulence)? ❑ No ❑ Yes