

CANTON ANIMAL HOSPITAL GASTROINTESTINAL QUESTIONNAIRE

Client Name
Client Phone #
Pet's Name
Pets Age
Sex
Breed

Appointment Date

General Information

1. What are your goals for this visit?
2. Is your pet under the care of another general practitioner?
No Yes (If Yes, where?)

Questions About Your Pet

1. How long have you owned your pet?
0-6 months 6 months-1 year 1-4 years 4-7 years 7-10 years 10+ years
2. Where did you get your pet? (Please be specific and check all those that apply.)
Animal Shelter Pet Store Private Home Breeder Other
3. Are there other pets in your home, including birds and reptiles?
Yes No
4. Have you recently added other pets to your home?
Yes No
If yes, Are these new additions up to date on their vaccines?
Yes No
5. Which best describes your pet?
Indoor Only Indoor Mostly/Outside Occasionally Outdoor Only Indoor/Outdoor
6. Is your pet exposed to animals, other than those in your home?
Yes No

7. If your pet spends time outdoors, what type of environment is he/she exposed to?

(Circle all that apply)

Dog run Backyard or field Day care City streets Groomer Dog or cat show

Wooded area Boarding or cattery Other

8. Has your pet ever lived or traveled outside of the Northeast United States?

Yes No

If so, Where? When?

9. What does your pet eat?

Brand:

Dry or Canned?

Treats:

10. How often does your pet get into the garbage or pick things up off the street?

Please state any significant event

Explain

11. What other diets has your pet been on in the past?

Explain

12. What is your pet's current vaccination status? (Circle all that apply.)

CATS:

FeLV FVR-CP Rabies

DOGS:

Distemper/Parvo Rabies Lyme Leptospirosis Canine Influenza Bordetella

13. Where does your pet urinate?

Litter pan Outdoors Pee Pad

CATS: What Type of Litter do you Use?

14. Is the elimination process regularly(each time)observed? Y/N

15. Please list all prior therapies. Did any of these help? Yes No

16. Does your pet have diarrhea?

No, (if no, skip to question 17) Yes (if you answered yes)

a. Please circle any of the following that best describes your pet's diarrhea.

Very watery Contains blood Contains mucous

Loose but not too watery (Semi-formed)

Frequently strains to defecate (BUT only small amounts are produced at a time)

b. How long has the diarrhea been occurring?

c. Is the diarrhea...

Continuous (always present)

Episodic (present in cycles)

If episodic, how frequent are the episodes, and how long do they last
(i.e. once a week, 4-5 days every month, etc.)

d. If you have other pets, do they have diarrhea also?

No I do not have other pets Yes (If yes, please describe.)

17. Does your pet vomit?

No, (if no, skip to question 18)

Yes (if you answered yes)

a. Please check any of the following that best describes your pet's vomiting.

Generally occurs right after eating

Can occur any time day or night

I am not sure if the vomiting correlates with the time of eating

Occurs in the morning on an empty stomach

Occurs in association with diarrhea

b. Please describe the vomitus?

Vomitus contains mostly undigested or partially digested food

Vomitus contains mostly phlegm

Vomitus contains mostly yellow fluid (bile)

17 cont.

c. How long has your pet been vomiting?

d. Is the vomiting...

Continuous (always present) Episodic (present in cycles)

If episodic, how frequent are the episodes, and how long do they last
(i.e. once a week, 4-5 days every month, etc.)

e. If you have other pets, do any of them vomit?

No I do not have other pets Yes (If yes, please describe.)

18. Does your pet have appetite problems?

No (skip to #19) Yes, if you answered yes....

a. Does your pet.....

___ Completely refuse food?

___ Partially refuse food?

b. Is the refusal of food...

___ Persistent (always present)

___ Episodic (present in cycles)

If episodic,

a. How frequent are the episodes?

b. How long do they last?

c. Are they associated with vomiting or diarrhea?

19. Has your pet lost weight?

No Yes. If you answered yes:

What was your pet's maximum weight in the past?

Over what period of time is the weight loss noted?

20. Has your pet been treated with medication for his/her vomiting or diarrhea?

No Yes. If you answered yes:

What medications were used?

Did the medication help, if so, which medications?

21. What medication is your pet currently taking?

22. Do any people in the household have gastrointestinal problems?
(i.e.: stomach ulcers, acute diarrhea, etc.)? If so please describe.

23. What diagnostic tests have been done on your pet? (circle)

Ultrasound Fecal Testing X-rays Giardia Testing

CBC/SMA Fecal Cultures

Other tests not listed

Have you brought the results with you today?

Yes No

24. Does your pet show any other signs of illness besides the gastrointestinal symptoms described on this form?

Please circle all that apply.

Coughing Increased Urination Inappropriate Urination/Defecation

Sneezing Seizures Increase Drinking Habits Collapse / Weakness

Other signs not listed