

Diarrhea Questionnaire

Date: _____

Patient: _____

Owner: _____

Contact number(s): _____

Pick up time: _____

1. How long has your pet had diarrhea? _____

2. Can you think of anything that may have set it off? _____

3. Are the stools always loose or does it come and go? _____

4. What is your pet's environment? Circle one:
Indoor Outdoor Indoor/Outdoor

5. Was your pet exposed to any new animal or an animal with diarrhea? YES NO

6. Is your pet displaying other symptoms? Circle all that apply

Vomiting: How many times? _____ Color? _____

Listlessness: How long? _____

Appetite loss: How Long? _____

7. What does your pet eat? _____

Table scraps? YES NO Explain: _____

Treats? YES NO Explain: _____

8. Chewy's / rawhides? YES NO Explain: _____

9. Has ther been a diet change? YES NO Explain: _____

10. Has your pet been in the garbage? YES NO Plants? YES NO

11. What are the characteristics of the stool?

Volume: _____ Color: _____

Odor: _____ Blood: _____

Mucous: _____

12. Are there any other animals effected in the house? YES NO

13. Does there seem to be a relationship between the diarrhea and eating? YES NO

14. Has your pet had any previous problems with diarrhea? YES NO

Explain: _____

15. What medications is your pet currently on? _____

16. Are diagnostics OK? YES NO CALL FIRST

Owners Signature: _____