

NAME: _____ **DATE:** _____

CELL PHONE NUMBER _____

VOMITING AND /OR DIARRHEA HISTORY

DOG

CAT

VOMITING

DIARRHEA

1. When did it start? _____

2. Any history of eating stuff? _____

3. Vomiting food? Bile? Other?

4. How often is the animal vomiting?

5. Diarrhea

Did you bring a stool sample? Blood?

Mucous? Color?

6. Have you stopped feeding? Did V or D continue?

Yes

No

7. Is the animal quiet/painful/lethargic or otherwise appearing unwell?