

MORTON SMALL ANIMAL CLINIC

DIARRHEA QUESTIONNAIRE

Since your pet can't talk, please fill out this form completely.

The diagnosis largely depends on a complete history and thorough physical exam.

Date _____ - _____ - _____

Owner's Name _____

Contact Phone _____

Pet's Name _____

Age _____

How long has the diarrhea been present? _____ Is it more severe now? _____

Describe the diarrhea: Consistency _____ Color _____ Bloody _____

How frequent are your pet's bowel movements? _____

Has your pet lost bowel control (defecates in the house or on the floor)? _____

Does your pet strain when having a bowel movement? _____

Is your pet's appetite normal? _____ Is your pet drinking water? _____

Does your pet have access to garbage cans (your or your neighbors)? _____

Do you routinely feed your pet table food? If so, what and how often? _____

Has your pet had access to any other food/treats other than what you feed him/her? _____

Have there been any significant changes in your pet's diet in the last few weeks? _____

Describe your pet's diet over the last week: include pet food, treats, table food, milk and anything else he/she gets on a daily basis. Include the percentage of your pet's daily diet for each item. _____

Is your pet as active as normal? _____

Has your pet had issues with diarrhea in the past? If so, how long ago? _____

Is your pet currently on any medications for his/her diarrhea or otherwise?*

*Provide full list of medications (prescription and over the counter) on the back of this sheet.