

MORTON SMALL ANIMAL CLINIC

VOMITING 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 your pet been vomiting? _____ Is it more severe now? _____

How often? _____ When does the vomiting occur? _____

If your pet vomits after meals, how long after? _____

Describe the vomit: Consistency? _____ Color? _____ Blood? _____

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

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

Does your pet have toys that he/she plays with that could have been swallowed? _____

Does your pet have access to sewing materials (threads, needles, rubber bands, stirrings, etc.)? _____

Do you have other pets that live with this pet? _____

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

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? _____

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

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