

# 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: \_\_\_\_\_