

Vomiting Questionnaire

Date: _____

Patient: _____

Owner: _____

Contact number(s): _____

Pick up time: _____

1. How long has your pet been vomiting? _____

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

3. Can your pet eat without vomiting? _____

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 that has been vomiting? YES NO

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

Diarrhea: 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 vomit?

Volume: _____ Color: _____

Odor: _____ Blood: _____

Mucous: _____

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

13. Has your pet had any previous problems with vomiting? YES NO

Explain: _____

14. What medications is your pet currently on? _____

15. Are diagnostics OK? YES NO CALL FIRST

Owners Signature: _____