

Gastritis / Enteritis

Pet's Name _____ Date ____/____/____

Current Email _____ Cell Phone _____

Is your pet vomiting? Yes No How often? _____
What – Food Bile Fluid Other _____
What color is it? _____

Is your pet having diarrhea? Yes No How often? _____
Was it – Soft Watery Bloody Mucous

Has the diet changed recently? Yes No When _____

Has your pet eaten or drank anything unusual? Yes No
If yes, what and when? _____

Have you given your pet any medication to treat these problems? Yes No
If yes, what and when? _____

Is your pet on any other medications? Yes No
If yes, please list _____

Have there ever been similar episodes of this nature in the past? Yes No Unsure
If yes, when? _____
Response to treatment – _____

When did you begin to notice these conditions? _____

Do you have any ideas on what may have caused this? _____

What brand of food do you currently feed? _____ Dry Canned

Is your pet eating? More Less Same Unsure

Is your pet drinking? More Less Same Unsure

Is your pet urinating? More Less Same Unsure

Has your pet's activity changed? Increased Decreased Same Unsure