

# Vomiting/Diarrhea Form



Animal Medical Center  
Kansas City

Date: \_\_\_\_\_ Pets Name: \_\_\_\_\_

Clients Name: \_\_\_\_\_ Phone # \_\_\_\_\_

**PLEASE COMPLETELY FILL OUT THE FOLLOWING:**

Eating?            Y/ N            Increased            Decreased            Normal

Drinking?        Y/ N            Increased            Decreased            Normal

Is behavior normal? Y/ N **(If NO please explain):**

\_\_\_\_\_

Medications Currently On: \_\_\_\_\_ Last Given: \_\_\_\_\_

Up-to-date on Flea/ Tick / Heartworm Prevention? Y/N            If a Feline: Indoor/ Outdoor / Both

**Is your pet experiencing any of the following? Vomiting / Diarrhea / Both**

How Many Days: \_\_\_\_\_ How Often: \_\_\_\_\_

Within 2 hours of eating? Y / N

Does your pet tend to eat things like socks, toys, blankets, ect? Y/N

If so, what could it be? \_\_\_\_\_

**If a dog**, do they go to dog parks, daycare, or grooming? Y/N

Color of vomit: Yellow / Brown / Green / Clear / Black / Undigested

Stool Type: Firm / Loose / Liquid            Blood Found: Y/N            Mucus: Y / N

Has your pet started a new food over the last 2 weeks: Y / N

If so what food were they on vs now: \_\_\_\_\_

**Do we have permission to do the following, IF necessary or recommended by the Veterinarian?**

Bloodwork?    Y/N            Radiographs?    Y/N            Fecal?    Y/N

Notes for Doctor:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**You will be contacted once your pet has been seen by the Veterinarian.**

Signature: \_\_\_\_\_