Vomiting/Diarrhea Form

Animal Medical Center
Kansas City

In Hospital Use: Weight-_____

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, etc.? Y/N

If so, what could it be? _____

If a Canine, 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? **$164** Y/N Radiographs? **$200** Y/N Fecal? **$32** Y/N

Notes for Doctor:

_____

_____

_____

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

Signature: _____