

RIVERVIEW

ANIMAL



HOSPITAL

475 Chippewa Mall Drive, Suite 442
Chippewa Falls, WI 54729
Phone: (715) 861-5535 Fax: (715) 861-5613

Vomiting/Diarrhea Concerns

Date _____ Owner's Name _____ Pet's Name _____
Pet's Age _____ Pet's Weight _____

Symptoms/Concerns Today

When did you first notice these symptoms? _____

Since the symptoms started, has it gotten worse/better/the same? _____

Is your pet on medications or over the counter supplements? _____

Medications/Supplement Names: _____

Have you given them anything for this (Peptobismol, etc.)? _____

Last time your pet had their medications? _____

Any known allergies to medications? If so, which ones? _____

Is your pet still eating and drinking normally? _____ When was the last time they ate? _____

What brand of food do you feed? _____

Did you recently change anything in their diet (food, treats)? _____

Is your pet prone to chewing/ingesting foreign objects (socks, garbage, shoes, strings, etc.)? _____

Color, consistency and frequency of the vomiting and/or diarrhea? _____

If there are other pets in the home, are they showing the same symptoms? _____

Can your pet hold down water? _____ Still urinating and defecating? _____

Other concerns today? _____