

# NEW HAVEN CENTRAL HOSPITAL FOR VETERINARY MEDICINE

## Gastrointestinal History Form

Please answer the following questions and return to Dr. Harley or New Haven Central Hospital for Veterinary Medicine, Inc. via e-mail, fax, or mail (call or e-mail to let us know if you will be mailing the form). Please have your veterinarian fax any test results to our clinic prior to the date of your appointment.

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### General Information

Date: \_\_\_\_\_  
Person completing form: \_\_\_\_\_  
Client's name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work/Day Phone: \_\_\_\_\_

Pet's Name: \_\_\_\_\_  
Species: \_\_\_\_\_ Breed: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

### Who is your regular/family veterinarian?

Dr. \_\_\_\_\_  
Clinic Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

### Where did you get your pet?

Breeder  Shelter  Friend/Relative  Pet Store  Private Home   
Other \_\_\_\_\_  
How long have you owned him/her? \_\_\_\_\_  
Has your pet ever traveled outside of the Northeast United States? Yes  No   
If yes, where? \_\_\_\_\_  
When? \_\_\_\_\_

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**Feeding**

What brand of food does your pet eat? \_\_\_\_\_

Dry

Canned

Freeze dried raw

Frozen raw

Fresh raw

Does your pet eat a homemade diet? Yes  No

If yes, is it raw?  cooked?

Do you use a recipe from a veterinarian or nutritionist? Yes  No

Have you ever seen a veterinary nutritionist about your pet? Yes  No

If yes, who? \_\_\_\_\_

When? \_\_\_\_\_

Does your cat/dog ever get treats? Yes  No

What kind? \_\_\_\_\_

Any table scraps? Yes  No  If yes, what kind? \_\_\_\_\_

How often? \_\_\_\_\_

Do you change diet regularly? Yes  No

If yes, how often? \_\_\_\_\_

When was last change? \_\_\_\_\_

What diets has your pet been on in the past, please list:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your pet get into the garbage? Yes  No

Pick things up off the street? Yes  No

Please describe any episodes associated with either of the above:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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### Household Information

Are there other pets in the household? Yes  No

If yes what species and breeds? \_\_\_\_\_

\_\_\_\_\_

Have you recently added new pets to your household? Yes  No

Is your pet:

Indoor only

Outdoor only

Indoor/outdoor

Is your pet exposed to other dogs/cats other than your own? Yes  No

If yes, under what conditions? (check all that apply)

Dog parks

Groomer

Boarding facility or cattery

Daycare

Training classes

Visiting friends/relatives

Veterinarian office visits

Dog or Cat shows

What is your cat/dog's current vaccination status? \_\_\_\_\_

Does your pet have diarrhea? If yes, please check any/all that describe the diarrhea

Watery

Always contains blood

Sometimes contains blood

Is black and tarry

Strains to defecate and only small amounts are produced each time

Semi-formed

Contains mucous

Is voluminous

Other (please describe) \_\_\_\_\_

How long and how often has diarrhea been occurring?

Continuous (always present)  Episodic (it cycles)

If episodic, how frequent and how long do the episodes last? \_\_\_\_\_

Do any of your other pets have diarrhea? Yes  No

If yes, describe: \_\_\_\_\_

Does your pet vomit? If yes, please check any/all that describe the vomit:

Occurs mainly right after eating

Occurs any time of day or night

Occurs in the morning on an empty stomach

Occurs when my pet has diarrhea

Other (please describe) \_\_\_\_\_

The vomitus is:

Usually undigested food

Usually phlegm

Usually bile (yellow liquid)

How long and how frequent has vomiting been occurring?

Continuous (always present)

Episodic (it cycles)

If episodic how long do the episodes usually last \_\_\_\_\_

Are any of your other pet's vomiting? Yes  No

If yes, please describe \_\_\_\_\_

Is your pet's vomiting associated with diarrhea? Yes  No  Sometimes

Does your cat/dog have appetite problems? If yes, does your pet:

Always refuses food  Sometimes refuse food

Refuse only certain foods. Yes  No

If yes, what foods? \_\_\_\_\_

Eats food, but reluctantly.  Tries to eat, but drops food from mouth.

Are appetite problems associated with Vomiting?  Diarrhea?

Is your pet losing weight? Yes  No

If yes, over what period of time? \_\_\_\_\_

How much weight has been lost? \_\_\_\_\_

What medications has your pet been on for diarrhea, vomiting, or appetite issues?  
Please list:

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Did any of these medications help? Yes  No

If yes, which medications?

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Is your pet on any medications currently? Yes  No

If yes, please list all medications, including those for any other conditions.

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Does your pet have any other illnesses, conditions, or symptoms? Yes  No

If yes, please list.

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Do any people in your household have gastrointestinal problems (stomach ulcers, acute diarrhea, etc)? If yes, please describe.

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What tests have been done on your pet for the gastrointestinal problem?

CBC  Chemistry Panel

Fecal Float  Fecal Cytology  Giardia Test  Fecal culture

Ultrasound  X-ray  Endoscopy

Unsure

Other (please list)

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Is there any other information you would like to share?

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*Please have your veterinarian fax any test results to our clinic prior to the date of your appointment. Call our office with any questions about this form or your upcoming appointment (203)865-0878.*

***Thank you and we look forward to meeting with you and your pet.***