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INTERNAL MEDICINE DEPARTMENT DIARRHEA HISTORY FORM

6995 East Kemper Rd. • Cincinnati, OH 45249 • P: 513.530.0911 • F: 513.530.0811
6405 Clys Rd. • Centerville, OH 45459 • P: 937.428.0911 • F: 937.428.6667

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How long has your pet had diarrhea? _____

How frequent is the diarrhea? (i.e.: daily, 2 times per week, multiple times daily) _____

Is your pet having accidents in-house? Yes No

How long can they hold their bowels before needing to go out? _____

Are they having urgency? (i.e.: are they going out many times, or are they going out normal times but having diarrhea instead of normal BM) Yes No

What is the consistency of diarrhea (on scale of 1-5, 1 = water, 3 = soft, solid but no form, 5 = Normal) _____

What is the color of the stool (normal brown, reddish, yellow, black or "tar-like")? _____

Does the stool have "red" blood in it? Yes No - If Yes: small streaks/spots large amount of blood

Does the stool have mucus on or in it? Yes No

Does your pet strain when they go (keeps trying to go multiple times vs. just going once then walking away normally)?
 Yes No - If Yes, do they always produce stool when straining? Yes No

What diet is your pet currently on? Please include treats given:

Have there been any recent diet changes? Yes No

How much and how often do they eat? _____

Has your pet had any change in appetite? Increased Decreased No Change

Does your pet get into things, i.e. chew up toys, garbage, strings etc.? Yes No

If Yes, what did they chew and when? _____

Please list any medications your pet is currently taking, including heartworm preventative and topical medications:

MEDICATION	DOSAGE	TIME LAST ADMINISTERED

Has your pet been given any medication for the diarrhea in the past? Yes No

If Yes, please list what medications have been given and state if there was any improvement with that medication.

Has your pet had any weight loss? Yes No

If Yes, how much weight has your pet lost, over how long? _____

Has your pet ever been de-wormed? Yes No

If Yes, when and what medication was used? _____