



1915 28th Street
 Boulder, CO 80301
 Ph: 303-500-5158
 Fax: 303-500-8577
 info@uniquelycats.com

QUESTIONNAIRE: Vomiting and/or Diarrhea

CLIENT / PATIENT INFORMATION:

Client Name		Client Phone Number	
Patient Name		Age/Date of Birth	
Breed		Male/Female	
Color/Markings		Intact/Neutered	

Is your cat **vomiting**?

Yes No

Is your cat having **diarrhea**?

Yes No

If Your Cat Is Experiencing Vomiting and/or Diarrhea:

	Yes	No	Unsure
Did the onset correlate to any DIETARY changes (new food, treats, table scraps, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please describe: _____			
Did the onset correlate to any other changes in your cat's health, home, or routine?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please describe: _____			
If you have any other household pets, are any of them having similar problems?	<input type="checkbox"/>	<input type="checkbox"/>	
If yes, please describe: _____			
Are there any humans in your household having similar problems?	<input type="checkbox"/>	<input type="checkbox"/>	
If yes, please describe: _____			
Has there been a change in appetite also?	<input type="checkbox"/>	<input type="checkbox"/>	
If yes, please describe: _____			
Does your cat object if you touch the abdomen?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Apart from vomiting and/or diarrhea, is your cat exhibiting any other abnormalities?	<input type="checkbox"/>	<input type="checkbox"/>	
If yes, please describe: _____			
Is your cat on a regular parasite preventative (Revolution, Advantage, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	
If yes, which one? _____			



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Household / Lifestyle:

	Yes	No
Is your cat allowed to go outdoors (at all or ever)?	<input type="checkbox"/>	<input type="checkbox"/>
Does your cat have access to and/or chew on any houseplants?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please describe: _____		
Might your cat have access to stored household chemicals, such as laundry detergents, paint and paint thinners, antifreeze, driveway salt, fertilizers, etc.?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please describe: _____		
Might your cat have access to any medications in the house, human or animal?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please describe: _____		
Does your cat like to chew on (and possibly ingest bits of) any household objects, such as cat toys, children's toys, yarn, rubber bands, etc.?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please describe: _____		
Does your cat like to suck on any cloth in your house, such as blankets, socks, etc.?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please describe: _____		
Would your cat ever have access to a threaded needle?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please describe: _____		
How many cats are in the household?	_____	
If more than one, please describe their relationship with this cat: _____		
Are there non-feline pets in the household?	<input type="checkbox"/>	<input type="checkbox"/>
If so, what type, how many, and relationship to your cat: _____		
What are you currently feeding your cat? (wet, dry, raw, brand)	_____	
Frequency?	_____	
List treats, supplements, probiotics, etc:	_____	



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If your Cat is VOMITING:

When did the vomiting start? _____

Has vomiting ever been a problem before? _____

Yes No

If yes, was there a diagnosis, and what was it? _____

How frequently is the vomiting happening? _____

What does the vomited material look like? (Check all that apply)

- There is nothing coming up (dry heaves only)
- Liquid: green yellow clear bloody(red) brown black("coffee grounds")
- Food: digested undigested
- Hairball
- Foreign Material (please describe)
- Other (please describe)

Immediately after vomiting, does your cat seem to feel: _____

Normal Sick Unsure

If your Cat is having DIARRHEA:

When did the diarrhea start? _____

Has diarrhea ever been a problem before? _____

Yes No

If yes, was there a diagnosis, and what was it? _____

How frequently is your cat having diarrhea? _____



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Current Medications:

Name of Drug	Dose	Frequency Given	Route Given	Reason Given

Print name: _____

Cell phone: _____

Signature: _____

Date: _____