

Asheville Highway Animal Hospital

4516 Asheville Highway

Knoxville, TN 37914

865-523-8434

Gastrointestinal History Form

Owner's Name _____ Pet's Name _____

Account # _____ Date _____

1. Is your pet vomiting? Yes No

If yes, please describe: _____

How often? _____

When did this First Occur? _____

When did this Last Occur: _____

2. Does your pet have diarrhea? Yes No

If yes, please describe: _____

How often? _____

When did this First Occur? _____

When did this Last Occur: _____

3. Please describe anything your pet may have ingested in the last 24 hours (food, treats, table food, etc)

4. Are there any other animals in your home that are sick? Yes No

If yes, please explain: _____

5. Is there anything your pet could have gotten into? Yes No

If yes, please explain: _____

6. Is your pet monitored outside? Yes No