



Your Name: _____
Pet's Name: _____

Date: _____

VOMITING

You have chosen for your pet to have an exam to diagnose the cause of his/her vomiting, and also, if necessary, vaccinations and testing and minor medical procedures. You authorize us to do so without your presence. Please take a moment to thoroughly fill out the following questionnaire regarding your pet's condition so that we can make sure we are taking the best possible care of your pet.

At the time of discharge, a veterinarian will speak with you to go over the details of your pet's visit or you may choose to receive a phone call.

Discharge (~Time: _____) Phone call- during business hours (Time: _____)

1. When did the vomiting start?

Today Yesterday 2-3 days ago Last week Other: _____

2. How many Times has your pet vomited?

One incident Once daily 2-3 times daily 1-2 times/week Other: _____

3. How would you describe the vomit? (check all that apply)

Undigested food Digested food (food colored fluid) clear fluid yellow fluid Mucus
 Pieces of toy, sticks, foreign material Dark brown/coffee grounds
Other (please describe): _____

4. Is the vomit associated with eating? Yes No

5. Is the vomiting associated with activity/exercise? Yes No

6. Is there any blood in the vomit? Yes No

7. Does your pet experience forceful abdominal contractions while vomiting? Yes No

8. Does your pet tend to eat/chew non-food items (eg. Toys, sticks, rocks, clothes, etc)? Yes No
If yes, please explain: _____

9. Has your pet ingested any medications (yours or their), cleaning products/chemicals, poisons, plants etc. that you are aware of? Yes No
If yes, please explain: _____

10. Does your pet go outdoors at all unsupervised? Yes No

11. What kind of food does your pet eat?
 Brand: (e.g. Hill's Purina, Iams etc) _____
 Flavor: (eg. Chicken, lamb etc) _____
- 12: Have you changed your pet's diet recently? Yes No
 If yes, please explain: _____
13. Does your pet receive table scraps?
 If yes, what has s/he had recently?: _____
14. Have you noticed any change in appetite?
 No change/normal Increased Decreased
15. Have you noticed any change in the amount of water your pet is drinking?
 No change/normal Increased Decreased
16. Have you noticed any change in activity level?
 No change/normal Increased Decreased
17. Are any other pets in your household also sick? Yes No I have no other pets
 If yes, please explain: _____
18. Has your pet had any contact with any other animals recently? Yes No
 If yes, please explain: _____
19. Has your pet had any diarrhea? Yes No
 If so, please notify a staff member for further information or fill out the diarrhea questionnaire.
20. Is your pet currently taking any medications? Yes No
 If yes, please describe: _____
21. Does your pet have any history of other medical problems? Yes No
22. Is there any other information that you feel would be helpful to us at this time?

Additional Procedures/Diagnostics:

At the time you drop off your pet, you should receive an estimate listing the diagnostic procedures associated with your pet's problem and their costs, for which you will be responsible. During the course of your pet's exam, the veterinarian may determine the need for additional services in order to complete his/her evaluation of your pet. If the doctor discovers a problem requiring a more extensive work-up, we will attempt to contact you before proceeding. You, or your authorized emergency contact, must be available via phone.

Please review the options below, and check and initial one:

I authorize Eastern Shore Animal Hospital Staff veterinarian (s) to examine and treat my pet as outlined in the estimate, and up to an additional \$100 in services, if needed.

Initial _____

If additional services are needed, please attempt to contact me (or my alternate contact) at the number provided. If I cannot be reached, I authorize Eastern Shore Animal Hospital to perform additional services up to \$ _____.

Initial _____

I do not authorize any additional services beyond the scope of the estimate. I understand that if I choose to have the recommended medical procedures performed at a later date, I will be responsible for an additional examination fee, plus the cost of the individual services.

Initial _____

Owner/Agent Signature: _____ Date: _____

Contact Number(s): _____

Name of alternate contact*: _____ Phone: _____
(*This person must be authorized to make medical and financial decisions for your pet)

ESAH staff: _____