

All Feline Hospital

Vomiting Questionnaire

Owner: _____ Phone (H) _____ (W) _____ (C) _____

Pet Name: _____ Breed (DLH, DSH, etc.): _____ Birth Date: _____

Current Diet: _____ Is your cat? Indoor / Outdoor / Both

1. How long has the cat been vomiting? (Hours, days, weeks, etc.) _____
2. How often does the cat vomit? (Hourly, daily, weekly?) _____
3. Does the cat vomit right after eating? _____ No relation to eating? _____
4. What does it look like? (Food, greenish bile, hairball, mucus, blood, etc.) _____
5. Does the cat look like it is making an effort to vomit (retching or abdominal press) or does it just fall out with no apparent effort? _____
6. Does the cat vomit where it is at, or does the vomit project out with force 6 to 12 inches? _____

7. Is the vomit in a liquid pile or tubular (rope like)? _____
8. Does the cat ever go outdoors? _____ Supervised or unsupervised? _____
9. Any chance of access to cleaning or other toxic supplies? _____
10. Any access to plants? _____ If so, what types of plants? _____
11. Does the cat ever get into the garbage can? _____
12. Does the cat ever eat non-food items? (ie. Cloth, string, plastic, etc.) _____
13. Does the cat drink from the toilet? _____ If so, do you use cleaners in it? _____
14. Is the cat on any medications? _____ If so, what? _____
15. Does the cat get any snacks or food other than its main diet listed above? _____
16. Are there any new stresses for the cat? (New food, changes in the home, new pets, etc.) _____

17. Has the cat lost any weight? _____
18. What has the appetite been like over the last week? _____ Last month? _____
19. Is there any diarrhea present? _____ Is the cat lethargic? _____