



VETERINARY INTERNAL MEDICINE GROUP

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GI SYMPTOM TRACKER

For your pet's diet trial

Pet's name

Diet started on

Diet

HOW TO USE (takes 1 minute a week)

- Once a week, on the same day, think about the past 7 days.
- For each question, mark ONE circle in that week's column: the line that best describes your pet.
- Green lines are normal. The lower (and redder) the line, the more severe. Bring or email this sheet to every visit.

	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8
date →								
1. ENERGY & MOOD								
Normal energy: active, playful, interested	☐	☐	☐	☐	☐	☐	☐	☐
A little quieter than usual	☐	☐	☐	☐	☐	☐	☐	☐
Clearly quieter, sleeps more, less interested	☐	☐	☐	☐	☐	☐	☐	☐
Very weak or lethargic, barely gets up	☐	☐	☐	☐	☐	☐	☐	☐
2. APPETITE								
Eats all meals normally	☐	☐	☐	☐	☐	☐	☐	☐
Eats a little less (leaves some food)	☐	☐	☐	☐	☐	☐	☐	☐
Eats about half, or only with coaxing	☐	☐	☐	☐	☐	☐	☐	☐
Barely eats or refuses food	☐	☐	☐	☐	☐	☐	☐	☐
3. VOMITING (this week)								
No vomiting	☐	☐	☐	☐	☐	☐	☐	☐
Vomited once this week	☐	☐	☐	☐	☐	☐	☐	☐
Vomited 2-3 times this week	☐	☐	☐	☐	☐	☐	☐	☐
Vomited more than 3 times this week	☐	☐	☐	☐	☐	☐	☐	☐
4. STOOL - HOW IT LOOKS								
Normal, well formed	☐	☐	☐	☐	☐	☐	☐	☐
Slightly soft (still holds its shape)	☐	☐	☐	☐	☐	☐	☐	☐
Very soft (like pudding, no shape)	☐	☐	☐	☐	☐	☐	☐	☐
Watery diarrhea	☐	☐	☐	☐	☐	☐	☐	☐
5. STOOL - HOW OFTEN								
Normal for your pet (usually 1-2 a day)	☐	☐	☐	☐	☐	☐	☐	☐
2-3 a day, OR any blood or mucus seen	☐	☐	☐	☐	☐	☐	☐	☐
4-5 a day	☐	☐	☐	☐	☐	☐	☐	☐
More than 5 a day	☐	☐	☐	☐	☐	☐	☐	☐
6. ITCHING								
No itching or scratching	☐	☐	☐	☐	☐	☐	☐	☐
Scratches or licks now and then	☐	☐	☐	☐	☐	☐	☐	☐
Scratches often, but stops when asleep	☐	☐	☐	☐	☐	☐	☐	☐
Wakes up at night to scratch	☐	☐	☐	☐	☐	☐	☐	☐
7. WEEKLY CHECK								
Weight this week (lb), if you can weigh at home								
Ate ONLY the prescribed diet this week?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Gave ALL medications as prescribed?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

Notes: if you answered No above, what changed? Anything else? (new treats, other vet visits)



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MEDICATIONS & DIET

Keep this page up to date

Write down everything your pet takes, including supplements and probiotics. Update it whenever something changes.

CURRENT MEDICATIONS & SUPPLEMENTS

Medication / supplement	Dose (mg, ml, tablets)	How often	Started on	Stopped on

CURRENT DIET

Diet name (brand and flavor)

Amount per day

Started on

Anything else allowed with the diet (only what the doctor approved):

CHANGES LOG: write the date and what changed (new food, new or stopped medication, dose change)

Date	What changed