



## VETERINARY INTERNAL MEDICINE GROUP

Pedro F. Armstrong, DVM, Diplomate ACVIM (SAIM)  
Board-Certified Small Animal Internal Medicine  
Tel (305) 677-2015 • reports@theVIMG.com • theVIMG.com

## 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 →                                                       |                                                    |                                                    |                                                    |                                                    |                                                    |                                                    |                                                    |                                                    |
| <b>1. ENERGY &amp; MOOD</b>                                  |                                                    |                                                    |                                                    |                                                    |                                                    |                                                    |                                                    |                                                    |
| Normal energy: active, playful, interested                   | <input type="radio"/>                              | <input type="radio"/>                              | <input type="radio"/>                              | <input type="radio"/>                              | <input type="radio"/>                              | <input type="radio"/>                              | <input type="radio"/>                              | <input type="radio"/>                              |
| A little quieter than usual                                  | <input type="radio"/>                              | <input type="radio"/>                              | <input type="radio"/>                              | <input type="radio"/>                              | <input type="radio"/>                              | <input type="radio"/>                              | <input type="radio"/>                              | <input type="radio"/>                              |
| Clearly quieter, sleeps more, less interested                | <input type="radio"/>                              | <input type="radio"/>                              | <input type="radio"/>                              | <input type="radio"/>                              | <input type="radio"/>                              | <input type="radio"/>                              | <input type="radio"/>                              | <input type="radio"/>                              |
| Very weak or lethargic, much less active than normal         | <input type="radio"/>                              | <input type="radio"/>                              | <input type="radio"/>                              | <input type="radio"/>                              | <input type="radio"/>                              | <input type="radio"/>                              | <input type="radio"/>                              | <input type="radio"/>                              |
| <b>2. APPETITE</b>                                           |                                                    |                                                    |                                                    |                                                    |                                                    |                                                    |                                                    |                                                    |
| Eats all meals normally                                      | <input type="radio"/>                              | <input type="radio"/>                              | <input type="radio"/>                              | <input type="radio"/>                              | <input type="radio"/>                              | <input type="radio"/>                              | <input type="radio"/>                              | <input type="radio"/>                              |
| Eats a little less (leaves some food)                        | <input type="radio"/>                              | <input type="radio"/>                              | <input type="radio"/>                              | <input type="radio"/>                              | <input type="radio"/>                              | <input type="radio"/>                              | <input type="radio"/>                              | <input type="radio"/>                              |
| Eats about half of the usual amount                          | <input type="radio"/>                              | <input type="radio"/>                              | <input type="radio"/>                              | <input type="radio"/>                              | <input type="radio"/>                              | <input type="radio"/>                              | <input type="radio"/>                              | <input type="radio"/>                              |
| Barely eats or refuses food                                  | <input type="radio"/>                              | <input type="radio"/>                              | <input type="radio"/>                              | <input type="radio"/>                              | <input type="radio"/>                              | <input type="radio"/>                              | <input type="radio"/>                              | <input type="radio"/>                              |
| <b>3. VOMITING (this week)</b>                               |                                                    |                                                    |                                                    |                                                    |                                                    |                                                    |                                                    |                                                    |
| No vomiting                                                  | <input type="radio"/>                              | <input type="radio"/>                              | <input type="radio"/>                              | <input type="radio"/>                              | <input type="radio"/>                              | <input type="radio"/>                              | <input type="radio"/>                              | <input type="radio"/>                              |
| Vomited once this week                                       | <input type="radio"/>                              | <input type="radio"/>                              | <input type="radio"/>                              | <input type="radio"/>                              | <input type="radio"/>                              | <input type="radio"/>                              | <input type="radio"/>                              | <input type="radio"/>                              |
| Vomited 2-3 times this week                                  | <input type="radio"/>                              | <input type="radio"/>                              | <input type="radio"/>                              | <input type="radio"/>                              | <input type="radio"/>                              | <input type="radio"/>                              | <input type="radio"/>                              | <input type="radio"/>                              |
| Vomited more than 3 times this week                          | <input type="radio"/>                              | <input type="radio"/>                              | <input type="radio"/>                              | <input type="radio"/>                              | <input type="radio"/>                              | <input type="radio"/>                              | <input type="radio"/>                              | <input type="radio"/>                              |
| <b>4. STOOL - HOW IT LOOKS</b>                               |                                                    |                                                    |                                                    |                                                    |                                                    |                                                    |                                                    |                                                    |
| Normal, well formed                                          | <input type="radio"/>                              | <input type="radio"/>                              | <input type="radio"/>                              | <input type="radio"/>                              | <input type="radio"/>                              | <input type="radio"/>                              | <input type="radio"/>                              | <input type="radio"/>                              |
| Slightly soft (still holds its shape)                        | <input type="radio"/>                              | <input type="radio"/>                              | <input type="radio"/>                              | <input type="radio"/>                              | <input type="radio"/>                              | <input type="radio"/>                              | <input type="radio"/>                              | <input type="radio"/>                              |
| Very soft (like pudding, no shape)                           | <input type="radio"/>                              | <input type="radio"/>                              | <input type="radio"/>                              | <input type="radio"/>                              | <input type="radio"/>                              | <input type="radio"/>                              | <input type="radio"/>                              | <input type="radio"/>                              |
| Watery diarrhea                                              | <input type="radio"/>                              | <input type="radio"/>                              | <input type="radio"/>                              | <input type="radio"/>                              | <input type="radio"/>                              | <input type="radio"/>                              | <input type="radio"/>                              | <input type="radio"/>                              |
| <b>5. STOOL - HOW OFTEN (if 2 fit, pick the lower)</b>       |                                                    |                                                    |                                                    |                                                    |                                                    |                                                    |                                                    |                                                    |
| Normal number for your pet, no blood or mucus                | <input type="radio"/>                              | <input type="radio"/>                              | <input type="radio"/>                              | <input type="radio"/>                              | <input type="radio"/>                              | <input type="radio"/>                              | <input type="radio"/>                              | <input type="radio"/>                              |
| A little more often (about 2-3 a day), OR any blood or mucus | <input type="radio"/>                              | <input type="radio"/>                              | <input type="radio"/>                              | <input type="radio"/>                              | <input type="radio"/>                              | <input type="radio"/>                              | <input type="radio"/>                              | <input type="radio"/>                              |
| 4-5 a day                                                    | <input type="radio"/>                              | <input type="radio"/>                              | <input type="radio"/>                              | <input type="radio"/>                              | <input type="radio"/>                              | <input type="radio"/>                              | <input type="radio"/>                              | <input type="radio"/>                              |
| More than 5 a day                                            | <input type="radio"/>                              | <input type="radio"/>                              | <input type="radio"/>                              | <input type="radio"/>                              | <input type="radio"/>                              | <input type="radio"/>                              | <input type="radio"/>                              | <input type="radio"/>                              |
| <b>6. ITCHING</b>                                            |                                                    |                                                    |                                                    |                                                    |                                                    |                                                    |                                                    |                                                    |
| No itching or scratching                                     | <input type="radio"/>                              | <input type="radio"/>                              | <input type="radio"/>                              | <input type="radio"/>                              | <input type="radio"/>                              | <input type="radio"/>                              | <input type="radio"/>                              | <input type="radio"/>                              |
| Scratches or licks now and then                              | <input type="radio"/>                              | <input type="radio"/>                              | <input type="radio"/>                              | <input type="radio"/>                              | <input type="radio"/>                              | <input type="radio"/>                              | <input type="radio"/>                              | <input type="radio"/>                              |
| Scratches often, but stops when asleep                       | <input type="radio"/>                              | <input type="radio"/>                              | <input type="radio"/>                              | <input type="radio"/>                              | <input type="radio"/>                              | <input type="radio"/>                              | <input type="radio"/>                              | <input type="radio"/>                              |
| Regularly wakes up at night to scratch                       | <input type="radio"/>                              | <input type="radio"/>                              | <input type="radio"/>                              | <input type="radio"/>                              | <input type="radio"/>                              | <input type="radio"/>                              | <input type="radio"/>                              | <input type="radio"/>                              |
| <b>7. WEEKLY CHECK</b>                                       |                                                    |                                                    |                                                    |                                                    |                                                    |                                                    |                                                    |                                                    |
| Weight this week (lb), if you can weigh at home              |                                                    |                                                    |                                                    |                                                    |                                                    |                                                    |                                                    |                                                    |
| Ate ONLY the prescribed diet this week?                      | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No |
| Gave ALL medications as prescribed?                          | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No |
| Overall, is your pet getting adequate relief?                | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> 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 | How often | Flavored/chewable?                                 | Started | Stopped |
|-------------------------|------|-----------|----------------------------------------------------|---------|---------|
|                         |      |           | <input type="radio"/> Yes <input type="radio"/> No |         |         |
|                         |      |           | <input type="radio"/> Yes <input type="radio"/> No |         |         |
|                         |      |           | <input type="radio"/> Yes <input type="radio"/> No |         |         |
|                         |      |           | <input type="radio"/> Yes <input type="radio"/> No |         |         |
|                         |      |           | <input type="radio"/> Yes <input type="radio"/> No |         |         |
|                         |      |           | <input type="radio"/> Yes <input type="radio"/> No |         |         |
|                         |      |           | <input type="radio"/> Yes <input type="radio"/> No |         |         |

HIDDEN FOODS CHECKLIST: these can break a diet trial. Check any your pet gets and ask us about safe options.

- ☐ Flavored heartworm or flea/tick preventives
- ☐ Pill pockets, or food used to give pills
- ☐ Rawhides, bully sticks, flavored chew toys
- ☐ Other pets' food or shared bowls
- ☐ Flavored joint supplements or chews
- ☐ Dental chews or pet toothpaste
- ☐ Treats from family, visitors or neighbors
- ☐ Table scraps or food dropped on the floor

CURRENT DIET

Diet name (brand and flavor)

Amount per day

Started on

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

STOOL GUIDE: mark the picture closest to your pet's TYPICAL stool (scale adapted from Purina; 2 is ideal)

1

2

3

4

5

6

7

Hard pellets

Firm, segmented (ideal)

Moist log

Soggy, loses shape

Soft piles

Mushy, no shape

Watery

At the start

At the recheck

☐

☐

☐

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☐

For photos, see the Purina Fecal Scoring Chart (tap to open): [vmc.vet.osu.edu/.../purina-fecal-score-chart.pdf](http://vmc.vet.osu.edu/.../purina-fecal-score-chart.pdf)

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

| Date | What changed |
|------|--------------|
|      |              |
|      |              |
|      |              |
|      |              |
|      |              |
|      |              |
|      |              |
|      |              |
|      |              |
|      |              |



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## FOOD REINTRODUCTION

After the diet trial

- Use this page ONLY after your veterinarian confirms the diet trial worked.
- Add ONE new food at a time, keep everything else the same, and check the boxes every day for 14 days.
- If any problem appears, stop that food and let us know.

### FOOD #1

Food added

Amount per day

Start date

| Day | Date                 | Vomiting                 | Soft stool / diarrhea    | Ate less                 | Itching                  | Notes                |
|-----|----------------------|--------------------------|--------------------------|--------------------------|--------------------------|----------------------|
| 1   | <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| 2   | <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| 3   | <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| 4   | <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| 5   | <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| 6   | <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| 7   | <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| 8   | <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| 9   | <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| 10  | <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| 11  | <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| 12  | <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| 13  | <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| 14  | <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |

### FOOD #2

Food added

Amount per day

Start date

| Day | Date                 | Vomiting                 | Soft stool / diarrhea    | Ate less                 | Itching                  | Notes                |
|-----|----------------------|--------------------------|--------------------------|--------------------------|--------------------------|----------------------|
| 1   | <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| 2   | <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| 3   | <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| 4   | <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| 5   | <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| 6   | <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| 7   | <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| 8   | <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| 9   | <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| 10  | <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| 11  | <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| 12  | <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| 13  | <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| 14  | <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |