



## 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

## FELINE GI TRACKER

For your cat's diet trial

Cat'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 cat.
- 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 or hides more                        | <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, include hairballs)</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 (litter box)</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 cat, 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 / OVERGROOMING (for information)</b>           |                                                    |                                                    |                                                    |                                                    |                                                    |                                                    |                                                    |                                                    |
| No itching or overgrooming                                   | <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 or overgrooms often, bald or thin spots            | <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 until skin is broken, or constantly                | <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 cat 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 |
| Were any of the vomits hairballs?                            | <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)



## 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

## MEDICATIONS & DIET

Keep this page up to date

Write down everything your cat 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.

- |                                                                                 |                                                                             |
|---------------------------------------------------------------------------------|-----------------------------------------------------------------------------|
| <input type="checkbox"/> Treats used to give pills (Pill Pockets, Churu, etc.)  | <input type="checkbox"/> Lickable, freeze-dried or dental treats            |
| <input type="checkbox"/> Flavored chewable dewormers or supplements             | <input type="checkbox"/> Flavored toothpaste                                |
| <input type="checkbox"/> Other pets' food (including the dog's) or shared bowls | <input type="checkbox"/> Hunting (mice, lizards, insects) or outdoor access |
| <input type="checkbox"/> Table scraps, milk, or other human food                | <input type="checkbox"/> Treats from family, visitors or neighbors          |

### CURRENT DIET

|                              |                      |                      |
|------------------------------|----------------------|----------------------|
| Diet name (brand and flavor) | Amount per day       | Started on           |
| <input type="text"/>         | <input type="text"/> | <input type="text"/> |

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

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

|                |                                                                                     |                                                                                     |                                                                                     |                                                                                     |                                                                                       |                                                                                       |                                                                                       |
|----------------|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
|                |  |  |  |  |  |  |  |
|                | 1<br>Hard pellets                                                                   | 2<br>Firm, segmented (ideal)                                                        | 3<br>Moist log                                                                      | 4<br>Soggy, loses shape                                                             | 5<br>Soft piles                                                                       | 6<br>Mushy, no shape                                                                  | 7<br>Watery                                                                           |
| At the start   | <input type="radio"/>                                                               | <input type="radio"/>                                                               | <input type="radio"/>                                                               | <input type="radio"/>                                                               | <input type="radio"/>                                                                 | <input type="radio"/>                                                                 | <input type="radio"/>                                                                 |
| At the recheck | <input type="radio"/>                                                               | <input type="radio"/>                                                               | <input type="radio"/>                                                               | <input type="radio"/>                                                               | <input type="radio"/>                                                                 | <input type="radio"/>                                                                 | <input type="radio"/>                                                                 |

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 |
|------|--------------|
|      |              |
|      |              |
|      |              |
|      |              |
|      |              |
|      |              |
|      |              |
|      |              |
|      |              |
|      |              |



## 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

## 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"/> |