

DATE: _____

WAITING

DROP OFF



Fecal Information Sheet

Client Name: _____ Patient Name: _____

Species: _____ Age: _____

Date and time the sample was collected? _____

Was the sample refrigerated (NOT FROZEN)? YES NO

Are you seeing worms in the stool? YES NO

Description of worms: _____

Is your pet having diarrhea? YES NO If yes, when did you first notice: _____

Is your pet straining to defecate? YES NO If yes, when did you first notice: _____

Are you seeing blood? YES NO If yes, when did you first notice: _____

Is this sample a: Yearly Wellness Screening Recheck Other: _____

What test would you like done today? Parasite Screening Bacterial Overgrowth check Unsure

Is your pet currently on any medications or supplements? _____

When was the last dose given? _____

If this is a recheck, what date did the pet finish the medication? _____

How is your pet doing? _____

What was the sample collected in? _____

I would like to be notified with my pet's results via:

Phone Call (Please leave the best number) _____

Text Message (Number and Carrier): _____

Email: _____

OFFICE USE

Paid YES NO

Current Weight: _____

Tech's Initials: _____

Date of last examination: _____

Doctor notes: _____

