

Fecal Drop-Off Form

Client Name _____ Pet Name _____

Phone number: _____

Reason for checking sample: _____

Date and Time Sample Collected: _____

What is the frequency of your pet's bowel movements? Increased Decreased Normal

What brand of food is your pet eating? _____ Dry or Canned

Decreased appetite? No Yes - how long & amount eating? _____

Vomiting? No Yes - how long & how frequent? _____

Any recent food change or new treats? No Yes - when & what kind _____

Do you feed human food? No Yes (see below)

Please list what kind of human food & amounts: _____

If your pet might have gotten into anything, please explain. (garbage, plants, chemicals, people food, other pet's food): _____

Pre-payment required = \$48