



## FECAL DROP OFF FORM

**Client Name:** \_\_\_\_\_ **Pet Name:** \_\_\_\_\_

Phone number(s) to call with results: \_\_\_\_\_

Is this a routine fecal check or is your pet having problems?

\_\_\_\_\_  
\_\_\_\_\_

**IF YOUR PET IS HAVING PROBLEMS PLEASE DESCRIBE THE SYMPTOMS AND DURATION:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Type of food fed: \_\_\_\_\_

Has your pet been eating and drinking normally? **Y / N**

Has there been a recent change in diet? **Y / N**

*If yes, how long ago?* \_\_\_\_\_

Does your pet get table scraps? **Y / N**

Did they eat anything unusual that may have caused the issue? **Y / N**

*If yes, what?* \_\_\_\_\_

Vomiting or Diarrhea? **Y / N** \_\_\_\_\_

**Client Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_