

**Drop Off Sheet for Fecal Sample**

Pet Name: \_\_\_\_\_ Date: \_\_\_\_\_

Owner Name: \_\_\_\_\_ (please limit to one person)

Today's Phone: \_\_\_\_\_ (please limit to one number if possible)

Reason for dropping off sample: \_\_\_\_\_

Duration of problem: \_\_\_\_\_

Which Doctor requested fecal sample? \_\_\_\_\_ Elliott

\_\_\_\_\_ DeBell

\_\_\_\_\_ Lucas

\_\_\_\_\_ Other

Please check any that apply to your pet:

\_\_ Diarrhea (if so how long? \_\_\_\_\_)

\_\_ Blood (if so how long? \_\_\_\_\_)

\_\_ Mucous (if so how long? \_\_\_\_\_)

\_\_ Lethargy (if so how long? \_\_\_\_\_)

\_\_ Vomiting (if so how long? \_\_\_\_\_)

Has your animal gotten into anything it shouldn't have in the last few days?

\_\_\_\_\_

Please add any additional comments or other pertinent information.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_