



# Chetek Veterinary Clinic

## STOOL SAMPLE DROP OFF FORM

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

Owner Name: \_\_\_\_\_

What phone number should we call for results? ( \_\_\_ \_\_\_ \_\_\_ ) \_\_\_ \_\_\_ \_\_\_ - \_\_\_ \_\_\_ \_\_\_

### Please help us care for your pet by answering these questions.

1. At what time was the sample collected? \_\_\_ \_\_\_ : \_\_\_ \_\_\_ a.m. p.m.

2. Was the sample refrigerated? YES NO

3. What symptoms does your pet have? \_\_\_\_\_  
\_\_\_\_\_

4. What brand and amount of food and treats does your pet eat? (Please be specific)

a. \_\_\_\_\_ cups scoops  
*Brand, Formula Amount*

b. Does your pet eat treats or table scraps? YES NO

*If YES, describe:*  
\_\_\_\_\_

5. Have you changed your pet's diet recently? YES NO

*If YES, what did you change and when?*  
\_\_\_\_\_

6. Has your pet eaten anything unusual recently? YES NO

*If YES, what was it and when?*  
\_\_\_\_\_

7. Is your pet vomiting? YES NO Does your pet have diarrhea? YES NO

*If YES for either, please describe color, consistency and frequency:*  
\_\_\_\_\_

8. Are there any other problems that your pet has that we should be aware of?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_