

Fecal Drop off Questionnaire

Name: _____

Date: _____

1) What is the reason for your stool sample drop off today?

- Recheck
- Annual check
- Seeing worms
- Diarrhea/soft stool
- Doctor has requested it
- Other: _____

2) What symptoms is your pet experiencing at home, if any, and how long?

3) What is the color of your pets stool?

- Yellow
- Light tan
- Brown
- Black
- Bloody

4) What is the smell of you pets stool on a scale from 1 to 10 (circle):

0(no smell) 1 2 3 4 5 6 7 8 9 10(very foul)

5) What is the consistency of you pets stool?

- Hard/dry
- Formed and normal
- Formed with loose consistency at the end
- Soft serve
- Cow patty like
- Formed with mucous casing
- Liquid diarrhea

6) What is your pet's diet? (Brand, type, how much and how often)

7) Is your pet on any medication or supplements? (Please include heartworm and/or flea preventative)
