

PRIME CARE
ANIMAL HOSPITAL, INC.
750 Route 3 South, Suite 12, Gambrills, Maryland 21054
(410) 923-PETS (7387)

Fecal Specimen Drop-Off Sheet

Animal's Name: _____ Date: _____

Reason for dropping off fecal specimen: _____

How is your animal's appetite? Decreased Normal Increased

What diet is your pet on? _____

What are your animal's stools like? Diarrhea Normal Constipated

Have you noticed any blood in stool? Yes No

Have you noticed any worms in stool? Yes No

If yes, what did they look like? _____

Is your animal vomiting? Yes No

If yes, what does the vomit look like? _____

List medications your pet is currently taking: _____

Dosage _____ How often is the medicine given? _____

Last time medicine was given: _____

Is your pet's attitude normal? Yes No

If no, how has it changed? _____

Does your pet have a history of allergic reactions? Yes No

If yes, to what? _____

Any other symptoms or problems noted:

Where can we reach you to discuss the results? _____