Sugar Creek Animal Hospital

Bentonville, Arkansas 72712 (479) 273-1355 reception@sugarcreekanimalhospital.org https://www.sugarcreekanimalhospital.org

Fecal Sample Information

Fecal Sample Form for Clients

{CLIENT NAME}{PATIENT NAME}

Phone/Email

Please fill out form completely so we may treat your pet accordingly.

Why did you bring us a stool sample for testing today?

How long has your prt been having issues?

Has your pet gotten into anything? (i.e. trash, lake/pond water, wildlife kill, etc)

Have you noticed any other symptoms of concern?

| Has your pet ever had | d a similar problem in th | e past? | | |
|------------------------|---------------------------|-------------------------------------|------------------------------------------------------------------------------|--|
| ⊙ Yes | O No | | | |
| What food does your | pet eat? | | | |
| | | | | |
| | | | | |
| Have you recently ch | anged your pet's food? | | | |
| ⊙ Yes | O No | | | |
| Does your pet eat we | II? | | | |
| ⊙ Yes | O No | | | |
| Has your pet recently | gone to daycare, board | ling, grooming, the dog park | , or been exposed to other dogs? | |
| o Yes | ⊂ No | | | |
| How is your pet feelin | ng today? | | | |
| ☐ Awful □ Great | ∏ Bad | □ OK | ☐ Good | |
| How would you like u | is to contact you today? |) | | |
| 🗖 Email | Text | ☐ Phone | | |
| be necessary and o | | ntil the testing is analyzed by the | d that additional medications or treat doctor and there may be additional | |

Signature