



Eau Claire

ANIMAL HOSPITAL

2504 Mall Drive Eau Claire, WI 54701
715-835-5011 fax 715-835-0993

Fecal Drop off Information

Today's Date: _____

Owner's Name: _____ Pet's Name: _____

Home telephone #: _____

Contact telephone # for results: _____

Is this a routine fecal check (checking for parasites)? Yes No

When was the sample collected? _____ am/pm

Is your pet having problems? Yes No

If the pet is having problems, please describe the symptoms and duration of the problem.

Type of food fed _____

Has diet been changed recently? Yes No If yes, how long ago? _____

Are table scraps fed? Yes No

Did the pet eat anything unusual that may have caused the problem? Yes No

If yes, what?

Is the pet having any other problems, such as vomiting, etc.? Yes No

If yes, please list.
