



FECAL ANALYSIS INFORMATION HQTO

CONTACT PHONE#: _____

Is this a recheck sample? YES ___ NO ___ UNKNOWN ___

Did a doctor request this sample? YES ___ NO ___ UNKNOWN ___

What day and time did you collect the stool sample? DATE: _____ TIME: _____

Was the sample refrigerated? YES ___ NO ___

Is your pet having diarrhea? YES ___ NO ___ If so for how long: _____

Is your pet straining while defecating? YES ___ NO ___ UNKNOWN ___

Are you feeding a bland diet to help? YES ___ NO ___ If so for how long: _____

Is so what are you feeding? _____

Are you seeing any blood in the stool? YES ___ NO ___

Are you seeing any worms? YES ___ NO ___ Description if applicable: _____

How is your pet behaving? _____

Signature: _____

Initials: _____ (office use only)