

## Fecal Drop Off Questions

Date: \_\_\_\_\_

Client Name: \_\_\_\_\_ Animal Name(s): \_\_\_\_\_

Phone Number: \_\_\_\_\_ Species: \_\_\_\_\_

Is this a... \_\_\_\_\_ Routine Check? \_\_\_\_\_ Recheck? \_\_\_\_\_ Sick Animal?

1. Does the animal have loose stool? YES or NO
  - a. If yes, how long has it been loose? \_\_\_\_\_
  - b. Any recent feed changes?
  
2. Does the animal have a normal appetite? YES or NO
  - a. If no, how long have they not been eating? \_\_\_\_\_
  
3. What color are mucous membranes for all animals included in the sample?  
(Lower inner eyelid color)
  - a. Red/Pink, Pale Pink, or Pale White
  
4. Did you recently deworm your animal? YES or NO
  - a. When did you deworm last? \_\_\_\_\_
  
  - b. What did you deworm with? \_\_\_\_\_
  
  - c. What dose did you use? \_\_\_\_\_
  
  - d. Was the dose repeated 2-3 weeks after initial? \_\_\_\_\_
  
5. Approximate weight of animal(s)? \_\_\_\_\_
  
6. How many other animals do you have in the same pen/field and approximate weights?

Additional information: