

Fecal Drop Off Questions

Client Name: _____ Phone Number: _____ Date: _____

Is this a... _____ Routine Check? _____ Recheck? _____ Sick Animal?

- 1. Animal Name: _____ Species: _____
- 2. Animal Name: _____ Species: _____
- 3. Animal Name: _____ Species: _____
- 4. Animal Name: _____ Species: _____

- Do these animals have loose stool? YES or NO
 - If yes, how long has it been loose? _____
 - Any recent feed changes? Current diet? _____
- Do these animals have a normal appetite? YES or NO
 - If NO, how long have they not been eating? _____
- **What color are the animals' mucous membranes?** (Lower inner eyelid color)
 - Red/Pink, Pale Pink, or Pale White
- Did you recently deworm these animals?
 - When did you deworm last? _____
 - What did you deworm with? _____
 - What dose did you use? _____
 - Was the dose repeated 2-3 weeks after initial? _____
- Approximate weights of animals? _____
- Are any of the animal(s) pregnant or possibly pregnant? YES or NO
- How old are the animals? _____
- Are there other animals in the same pen(s) as these? YES or NO
 - Mucous membrane color? Red/Pink Pale Pink Pale White
 - Approximate weight (s) _____

Additional information:

Fecal Results - *Office use only*

Parasites	Count (Eggs/Gram) / Centrifuge (Reg. Way)			
	<u>Animal Name #1</u>	<u>Animal Name #2</u>	<u>Animal Name #3</u>	<u>Animal Name #4</u>
H.O.T.				
Strongyloides (Threadworm)				
Coccidia				
Nematodirus (Threadneck)				
Trichuris (Whipworm)				
Moniezia (Tapeworm)				
Roundworms				
Large/Small Strongyles				
Others				

1. Animal Name/Species: _____

Treatment/Recommendations: _____

2. Animal Name/Species: _____

Treatment/Recommendations: _____

3. Animal Name/Species: _____

Treatment/Recommendations: _____

4. Animal Name/Species: _____

Treatment/Recommendations: _____
