

Shady Oak Veterinary Clinic Fecal Form

Today's Date: _____

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

Is this stool sample being tested for an **annual exam/ boarding facility/** or due to **diarrhea**? Please circle reason

Is this stool sample being tested for **Giardia**? **Yes / No**

If for upcoming boarding appointment, where would you like the results to be sent? _____

What does your pet's stool look like? **Formed / Soft / Liquid**

Is your pet having trouble holding their stool? **Yes / No**

How long has your pet been having issues with their stool? _____

Is there blood in your pet's stool? **Yes / No**

Has your pet had any vomiting? **Yes / No**

Any recent diet change or treat change? **Yes / No**

Any other information you may feel is important? _____

If this is a routine fecal exam and your pet is not having any issues; we will only call you if we find a parasite/problem.

Phone number to call you at if pet is experiencing diarrhea. _____