



www.MyWestgateAnimalHospital.com
2135 N. Clairemont Ave, Eau Claire, WI 54703
Phone (715) 834-7538 Fax (715) 834-5880

Fecal Drop-off Information

Today's Date: _____

Owner Name: _____

Pet Name: _____

Home Phone: _____

Phone Number and person to call with results: _____

Is this a routine fecal check (checking for parasites), or is the pet having problems?

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

Type of food fed:

Has the diet been changed recently? Yes No If yes, How long ago?

Are table scraps fed? Yes No If yes, what in the past few days?

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

Is your pet having any other problems?