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Fecal Drop-off Information

Today's Date: _____

Owner Name: _____

Pet Name: _____

Home Phone: _____ Mobile 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? _____
