



1745 Mileground
Morgantown,
West Virginia 26505
304-296-7387

CLINIC

FECAL SAMPLE SUBMISSION FORM

Date _____

Your Name _____ Pet's Name _____

Evaluating your pet's stool sample is an important part of continuing comprehensive health care. The following information will assist us in accurately accessing your pet's current health care needs.

Is this a routine sample or are you seeing parasites in your pet's stool?

_____ Routine _____ Seeing parasites

If you are seeing parasites, how would you describe them?

_____ Long round worm-like _____ Smaller, shorter segments

Was the sample requested by a veterinarian? _____ Yes _____ No

Have recent stools been __normal? __soft? __diarrhea? __mucous filled? __bloody?

Is your pet on a heartworm preventative that would include a deworming medicine?
(Heartgard Plus, Trifexis, Revolution) _____ Yes _____ No

If yes, date of last dose. Date _____

This sample will be processed as quickly as possible. After a veterinarian has reviewed the results, you will be contacted. If indicated, medications will be prepared at that time.

Phone number where I can be reached _____

Sample processing cost is \$20.00 and is payable at the time the sample is submitted.

Thank you for allowing us to care for your pet!!