



# *How to collect a* **FECAL SAMPLE** *from your pet at home*

## Container

- We can provide a special fecal collection container for free!
- Any container you use needs to be completely clean and dry.

## Amount

- Collect a sample the size of your entire thumb!

## Delivery

- The fresher, the better!
- Bring this sheet with the information completed on the reverse side
- All samples should be less than 6 hours old
- If the fecal sample is needed to complete a lab panel, we need within 10 days of the blood draw.

## Tips: Dogs

- Follow your pet outside when they normally go out to defecate so you're sure to get a fresh sample
- Try taking them for a walk if they don't go in your backyard!

## Tips: Cats

- Try to obtain a sample from the litterbox before your pet covers it with litter
- Some litter contamination is ok
- If you have multiple cats and confine the patient to a small room with the litterbox nearby so you're sure to get a sample from the right cat!

## Problems?

- Don't hesitate to call with questions!
- If you can't get a sample, please schedule an appointment for us to help!

## **Brentwood Animal Hospital**

2907 S. Brentwood Blvd. Brentwood, MO 63144 | (314) 962-2900  
Mon-Thurs 8 am- 8 pm Friday 8 am - 5 pm Saturday 8 am - 2 pm

# Patient Fecal Info

Owner Name: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Phone number we can reach you with results: \_\_\_\_\_

When was the fecal sample collected? \_\_\_\_\_

Is this fecal sample an  Initial Fecal Sample  Recheck Fecal Sample

If Recheck, have symptoms resolved?  YES  NO

## Symptoms

(Please check all that apply):

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Diarrhea                     | <input type="checkbox"/> Licking                | <input type="checkbox"/> Blood in stool |
| <input type="checkbox"/> Increased frequency          | <input type="checkbox"/> Accidents in the house | <input type="checkbox"/> Worms in stool |
| <input type="checkbox"/> Increased volume             | <input type="checkbox"/> Straining to defecate  | <input type="checkbox"/> Mucus in stool |
| <input type="checkbox"/> Scooting                     |   |   |
| <input type="checkbox"/> Other (please explain) _____ |   |   |

## Meds & Food

Please list all current medications & supplements your pet is taking.

\_\_\_\_\_

\_\_\_\_\_

Date of last medication dose if recently finished:  \_\_\_\_\_  \_\_\_\_\_

Currently taking medications for this condition? YES or NO

Patient's diet:

## Lab Use Only

- |   |   |
|---|---|
| • Arrival time: _____                         | Results entered in computer: _____              |
| • Patient primary DVM JR CD AR PK CC HS       | Patient info/symptoms entered in computer _____ |
| • Last fecal if recheck DVM JR CD AR PK CC HS | Sent to IDEXX to complete? _____                |
| • Centrifuge read by: _____                   | Date of lab submission: _____                   |