**Drop-Off Stool Sample Questionnaire**

*Please circle if applicable*

Owners Name: \_\_\_\_\_\_\_\_\_\_\_\_ Patient: \_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_

Telephone # to contact with results: \_\_\_\_\_\_\_\_\_

**Reasons for Drop-Off:**

Diarrhea Seeing Parasites Weight Loss

* Have you changed the pets’ normal diet recently? Yes No
* How long has your pet had diarrhea or weight loss?

Days Weeks Months

* Are the symptoms:

Improving Worsening Same

* Consistency:

Watery Runny/Spread out Semi-formed

* Blood:

Very bloody Small amount/specks Streaks

* Frequency:

Occasional Once/Twice a day Greater than 3 times

* Color:

Dark brown Pale/Tan Black/Tar like Orange

* Other Symptoms:

Mucus/Gel coating Strong odor Straining Flatulence

* Is their appetite:

Normal Eating small amounts Not eating

* Any vomiting? Yes No
* Are you seeing parasites? Yes No
* What do they look like?

Small rice-like Long thread-like