

Fecal Sample

Drop off



Millerton
Veterinary
Practice PLLC

Client's name _____ Pet's name _____

Please help us diagnose your pet properly by filling in the form below:

Is this a follow –up sample after parasite treatment has been performed?

YES NO

Was this stool sample produced by your pet and collected today?

(We need fresh feces.) YES NO

Has it been refrigerated? YES NO

Does your pet have any symptoms such as diarrhea, constipation, straining, mucousy stool, etc.?