

HOW TO COLLECT A **FECAL SAMPLE**

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!



CITY PAWS VETERINARY CLINIC

2200 S. Vandeventer Ave. STL | (314) 644-0404

M-W 9-6 Th 12-8 F 9-6 S 9-12

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: _____
- Centrifuge read by: _____

Results entered in computer: _____

Patient info/symptoms entered in computer _____

Sent to IDEXX to complete? _____

Date of lab submission: _____