

# The fecal microbiome and metabolome in healthy dogs and cats

Fecal sample	Collection date:	Storage until delivered:	<input type="radio"/> room temp	<input type="radio"/> refrigerated	<input type="radio"/> frozen		
Fecal score <u>(lab use only)</u>	1	2	3	4	5	6	7

## Patient Information

Today's date	Owner email:
Pet's name	Owner name:

## Signalment

Species	<input type="radio"/> dog	<input type="radio"/> cat	Breed:						
Age (years)*									
How long have you owned your pet?	Where is your pet primarily kept?								
Sex	<input type="radio"/> female	<input type="radio"/> male	<input type="radio"/> spayed/neutered						
Body weight*	Kg	lbs	Date of last vaccination:						
BCS*	1	2	3	4 (ideal - dogs)	5	6	7	8	9

\* at sample collection

## History of current condition

**At the time** the fecal sample was collected

GI disease	<input type="radio"/> no	<input type="radio"/> yes, acute (GI signs, including weight loss, < 3 weeks)	<input type="radio"/> yes, chronic (GI signs, including weight loss, > 3 weeks)			
Appetite	<input type="radio"/> normal	<input type="radio"/> decreased	<input type="radio"/> increased	<input type="radio"/> mild	<input type="radio"/> moderate	<input type="radio"/> severe
Attitude/Activity	<input type="radio"/> normal	<input type="radio"/> decreased	<input type="radio"/> mild	<input type="radio"/> moderate	<input type="radio"/> severe	
Vomiting	<input type="radio"/> no	<input type="radio"/> less than 1x/week	<input type="radio"/> 1-2x/week	<input type="radio"/> more than 2x/week		
Diarrhea	<input type="radio"/> no	<input type="radio"/> less than 1x/week	<input type="radio"/> 1-2x/week	<input type="radio"/> more than 2x/week		
Weight loss	<input type="radio"/> none	<input type="radio"/> mild	<input type="radio"/> moderate	<input type="radio"/> severe		
Any medications	<input type="radio"/> none	<input type="radio"/> yes (please specify)				
Any antibiotic use in the last 30 days	<input type="radio"/> none	<input type="radio"/> yes (please specify which antibiotic and for what condition)				
Any antibiotic use in the last 6 months	<input type="radio"/> none	<input type="radio"/> yes (please specify which antibiotic and for what condition)				
Any antibiotic use ever	<input type="radio"/> none	<input type="radio"/> yes (please specify which antibiotic and for what condition)				
Any pre-existing conditions/allergies	<input type="radio"/> none	<input type="radio"/> yes (please specify)				
When did the first clinical sign(s) start	about _____ days/ weeks/month/years ago					

<b>Diet</b>	<input type="radio"/> Dry food (type: Purina Savor, Royal Canin Satiety, etc.)
	<input type="radio"/> Wet food (type: Purina Savor, Royal Canin Satiety, etc.)
	<input type="radio"/> Homemade diet (please include what you feed, ex: chicken, rice, etc.)
	<input type="radio"/> Raw food (type: Countrypet Duck recipe, etc or what you feed, ex: chicken, carrots, etc.)
	<input type="radio"/> Pre- or Pro- biotics (include brand name)
	<input type="radio"/> Other, please explain:
	<input type="radio"/> Length of time your pet has been on this diet/diets:

### Previous History

<b>Date (approximate)</b>						
<b>Appetite</b>	<input type="radio"/> normal	<input type="radio"/> decreased	<input type="radio"/> increased	<input type="radio"/> mild	<input type="radio"/> moderate	<input type="radio"/> severe
<b>Attitude/Activity</b>	<input type="radio"/> normal	<input type="radio"/> decreased	<input type="radio"/> mild		<input type="radio"/> moderate	<input type="radio"/> severe
<b>Vomiting</b>	<input type="radio"/> no	<input type="radio"/> less than 1x/week	<input type="radio"/> 1-2x/week	<input type="radio"/> more than 2x/week		
<b>Diarrhea</b>	<input type="radio"/> no	<input type="radio"/> less than 1x/week	<input type="radio"/> 1-2x/week	<input type="radio"/> more than 2x/week		
<b>Weight loss</b>	<input type="radio"/> none	<input type="radio"/> mild	<input type="radio"/> moderate	<input type="radio"/> severe		
<b>Weight gain</b>	<input type="radio"/> none	<input type="radio"/> mild	<input type="radio"/> moderate	<input type="radio"/> severe		
<b>Does your pet ever itch excessively:</b>	<input type="radio"/> none	<input type="radio"/> lick	<input type="radio"/> chew	<input type="radio"/> head shake	<input type="radio"/> rub	<input type="radio"/> scratch
<b>How often is your pet itchy:</b>	<input type="radio"/> none	<input type="radio"/> mild	<input type="radio"/> moderate	<input type="radio"/> severe		
<b>Parasite history-including giardia</b>	<input type="radio"/> none	<input type="radio"/> yes (please specify)				
<b>Ever had pancreatitis</b>	<input type="radio"/> none	<input type="radio"/> yes (please specify)				
<b>Any pre- existing conditions</b>	<input type="radio"/> none	<input type="radio"/> yes (please specify)				
<b>Any disease as a puppy (ex: Parvovirus, etc.)</b>	<input type="radio"/> none	<input type="radio"/> yes (please specify)				

Is there anything else that you would like to add or let us know about your pet?