

TWEED VETERINARY SERVICES

Toxicosis History Form -Dogs & Cats

Owner: _____ Client: _____ Patient: _____

Breed: _____ Sex: _____ Age: _____ Weight: _____ Date: _____

What is the name of the toxin? _____

If the toxin is a medicine:

What is the strength? _____ What is the generic name? _____ What is the formulation? _____

What is the active ingredient of the toxin? _____

How much do you think your pet has ingested? _____

How much *could* your pet have ingested? (Worst case scenario) _____

How long ago (Or what general time frame) did your pet ingest the toxin? _____

Is your pet showing any signs/symptoms? Yes No

If so, how long have you noticed the signs/symptoms? _____

Does your pet have any underlying health issues? Yes No

If yes, please provide details: _____

Is your pet currently on medications? Yes No

If so, please provide which medications: _____

Box 1 Indications for gastric lavage

Massive ingestions that may result in a foreign body obstruction (eg, bone meal, blood meal, kitty litter)

Massive ingestions that may result in a medical bezoar (eg, iron capsules, aspirin, large ingestions of vitamins, massive wads of xylitol-containing gum)

Drugs approaching the lethal dose for 50% of animals (LD50)

Drugs with a narrow margin of safety or those that result in severe clinical signs (eg, calcium channel blockers, b-blockers, cholecalciferol, organophosphates, baclofen, macrocyclic lactones, metaldehyde)