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Patient Name and Last Name: _____ **Date:** _____

Poison Questionnaire for Dogs

SEIZURES

--Are any of these **PHARMACEUTICAL** items in your house? Please check all that apply.

- | | |
|--|--|
| <input type="checkbox"/> Fluorouracil (5-FU) Cream (Carac, Efudex, Fluoroplex) | <input type="checkbox"/> Metronidazole |
| <input type="checkbox"/> Fluoroquinolone antibiotics | <input type="checkbox"/> Lamotrigine (Lamictal) |
| <input type="checkbox"/> Amphetamines (Meth) | <input type="checkbox"/> Diphenhydramine (Benadryl) |
| <input type="checkbox"/> Procaine Penicillin G | <input type="checkbox"/> Ivermectin (Canine HW products) |
| <input type="checkbox"/> Isoniazid (Nydrasid) | <input type="checkbox"/> Vilazodone (Viibryd) |
| <input type="checkbox"/> Ibuprofen | <input type="checkbox"/> Phenylbutazone (Bute Tablets) |
| <input type="checkbox"/> Phenylpropanolamine (Allegra-D, Zyrtec-D) | |
| <input type="checkbox"/> 5-hydroxytryptophan (5-HTP, antidepressants) | |

--Are any of these **PLANT** items in your house/yard? Please check all that apply.

- | | | |
|------------------------------------|------------------------------------|-------------------------------------|
| <input type="checkbox"/> Mushrooms | <input type="checkbox"/> Sago Palm | <input type="checkbox"/> Brunfelsia |
|------------------------------------|------------------------------------|-------------------------------------|

--Are any of these **FOOD** items in your house? Please check all that apply.

- | | |
|--|---|
| <input type="checkbox"/> Xylitol (found in most gum) | <input type="checkbox"/> Ethanol (Beer, Liquor) |
| <input type="checkbox"/> Chocolate (esp. Dark) | <input type="checkbox"/> Caffeine |

--Are any of these **RODENTICIDES/INSECTICIDES** in your yard? Please check all that apply.

- | | | |
|---|--|--|
| <input type="checkbox"/> Metaldehyde (Antimilice) | <input type="checkbox"/> Strychnine (Morning Glory) | <input type="checkbox"/> 4-Aminopyridine (Avitrol) |
| <input type="checkbox"/> Bifenthrin (Ortho Max Lawn & Garden) | <input type="checkbox"/> Zinc Phosphate (Neotrace – 4) | |

--Are any of these **NON-PHARMECEUTICAL** drugs in your house? Please check all that apply.

- | | | | |
|----------------------------------|-----------------------------------|---------------------------------------|---|
| <input type="checkbox"/> Cocaine | <input type="checkbox"/> Cannabis | <input type="checkbox"/> Amphetamines | <input type="checkbox"/> Synthetic Cannabinoids |
|----------------------------------|-----------------------------------|---------------------------------------|---|

--Are any of these **MISCELLANEOUS** items in your house/yard? Please check all that apply.

- | | | |
|---|---|---|
| <input type="checkbox"/> Ethylene Glycol (Antifreeze) | <input type="checkbox"/> Bees/Wasps (bee sting venom) | <input type="checkbox"/> Play-Doh or Salt Dough |
|---|---|---|