

Toxin Triage Sheet

Possible Poison Exposure? Call **888.426.4435**.

For more information, visit us online at www.aspcapro.org/poison.

We do our best to answer your calls quickly, and having all necessary information at hand can expedite handling your call. Here's what we will need:

1. Information on the exposure

Ask the pet owner to bring in the product label/package to which the animal was exposed. Many products such as rodenticides, lawn care products, cleaning supplies, etc. have an EPA registration number (these are all number with dashes) tied to ingredient information. The ASPCA Animal Poison Control Center has an extensive database of these numbers which can help accurately identify the product in question. If the product is an unidentified pill, bringing in the left over pills can be helpful. Our staff are able to identify pills using imprint codes.

2. Patient's medical record (signalment)

We always ask about breed, sex, reproductive status (altered, pregnant, lactating) along with age and weight of the patient. Pre-existing medical conditions and current medications are also important and will potentially dictate treatment recommendations.

3. Detailed history of the exposure

Information such as when and where the exposure happened and the worst-case scenario (how many pills are missing or how much fertilizer might be missing, for example) will contribute to the assessment and treatment recommendations. Information will be requested on the exposure time frame (time owner left and returned, for example) and if any packaging was ingested.

4. Signs and when they started

What signs have occurred? What signs are happening now? When did the signs begin and end (if applicable)? Have any treatments already been done? Depending on the patient's current status and the substance involved, particular treatment recommendations (like inducing vomiting) may not be recommended.

Print out the triage sheet on the next page and fill it in by hand or via computer.

For non-emergency information about our services, call Customer Service at 888.426.4911 Monday-Friday, 9 am to 5 pm, CST.

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Owner Information

Owner Name: _____

Address: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Patient Information (check applicable and fill in relevant blanks)

Name: _____ Breed: _____ Sex: _____

____ Neutered ____ Intact ____ Pregnant ____ Lactating ____ Age ____ Weight

Health History

Current medication list: _____

Current signs displaying: _____

Significant health history: _____

____ Vaccination history up-to-date ____ Vaccination history not up-to-date

Exposure Information

Product (trade name/generic name): _____

Ingredients and mg strength: _____

Number of pills involved/Worst-case scenario range: _____

Time frame range: _____

EPA Registration Number: _____

Story of the exposure: _____

Treatments (If applicable)
