

# Toxin Triage Sheet



Animal Poison  
Control Center  
(888) 426-4435

Possible Poison Exposure? Call **888.426.4435**.

For more information, visit us online at [www.aspcapro.org/poison](http://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/packaging 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 numbers 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 bottle or package and left over pills can be helpful. Our staff are able to identify pills using imprint codes. If the case involves a plant, please ask the owner to take pictures of the flora and send it to [apcc@aspcapro.org](mailto:apcc@aspcapro.org) for potential identification by our staff. Please include the pet's first and last name in the subject line.

## 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: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

## Patient Information (check applicable and fill in relevant blanks)

Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Weight: \_\_\_\_\_ Age: \_\_\_\_\_

Sex: Male/Female (circle) \_\_\_\_\_ Neutered \_\_\_\_\_ Intact \_\_\_\_\_ Pregnant \_\_\_\_\_ Lactating \_\_\_\_\_

## Health History

Significant health history: \_\_\_\_\_

Current medication list: \_\_\_\_\_

Current signs displaying: \_\_\_\_\_

Temp \_\_\_\_\_ Pulse \_\_\_\_\_ Respirations \_\_\_\_\_

Vaccination history up-to-date: Yes/No (circle)

## 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)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_