Animal-related emergency? Call 888.426.4435

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

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'll need:

1) Information on the exposure

The best way to get this is for the pet owner to bring in original packaging/label information. Many products such as rodenticides, lawn care products, cleaning supplies, etc. have an EPA REG 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 a pill, most pills have codes on them that can also help.

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 about the patient 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 all dictate assessment and treatment recommendations. Information will also be needed on the time frame when exposure occurred (time owner left and returned, for example) and if any packing was ingested.

4) Signs and when they started

What signs are the patient showing and when did they begin? Have any treatments already been done? Depending on the patient's current status, 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 (PDF) or use the Word version to fill out via computer

ASPCApro.org
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Toxin Triage Sheet

Payment Information (check applicable and fill in relevant blanks):

__ Clinic credit card on file   __ Clinic credit card not on file (have info at hand   __ Owner's credit card
Credit card number _____
Expiration date _____
Security code on the back _____

Owner Information:

Owner name _____
Address _____
Phone number _____

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

Name _____   Breed _____   Sex _____

__ Spayed   __ Neutered   __ Intact   __ Immature   __ Pregnant   __ Lactating   __ Age   __Weight

Significant Health History:

Current medication list _____
_____
__ Vaccination history up to date   __ Vaccination history not up to date

Exposure Information:

Product (trade name/generic name) _____
Milligram strength/concentration _____   Number of pills involved/worst-case scenario range _____
Time frame range _____
EPA regulation number (if applicable) _____
Ingredients (if known) _____
Story of the exposure _____

Any Treatments Already Completed:

_____
_____
_____

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