



Cannabis Toxicity in Pets - Reporting Form



DATE COMPLETED: _____

1. Animal Information

Type of animal involved: Dog Cat Other, please specify: _____
Breed _____ Weight (kg): _____ Age _____
Pet's First Name Only* _____ Pet's Zip Code: _____

**PLEASE DO NOT PROVIDE OWNER INFORMATION TO PROTECT CONFIDENTIALITY*

2. Reporting Veterinary Practice

Reporter Name: _____ Veterinary Practice Name: _____
Practice Address: _____
City, Zip Code: _____
Telephone: _____ E-mail: _____

3. Cannabis Exposure History

Date of onset: _____ Date of presentation: _____ Date of death (if applicable): _____

Exposure type: Accidental ingestion Purposeful administration

Type of cannabis ingested:

Owner's recreational Owner's medicinal Pet cannabis product Unknown
 Other (please specify): _____

Form of cannabis: (Please specify brand or product, if known)

Human Edible: _____ Pet edible product: _____
 Plant product (e.g. cigarette, bag of leaves): _____
 Oil/butter: _____ Other: _____
 Amount Administered/ Ingested: _____
 Amount Recommended (if applicable): _____

4. Clinical Signs Please check all that apply

Ataxia Lethargy Hyperesthesia Depression Vomiting Hypotension
 Tremors Seizure Bradycardia Tachycardia Hypothermia Disorientation
 Hypersalivation Urinary incontinence Mydriatic pupils Lateral recumbency
 Comatose Other, please describe _____

5. Supportive Treatment Please check all that apply

Emesis Induction Activated Charcoal Fluid therapy Anti-emetic Anti-convulsant
 Hospitalization, please provide number of days: _____
Total Duration of Treatment: _____
 Other: _____

For additional comments, please use next sheet.

