

# Urine Drop-Off Form

Client Name \_\_\_\_\_ Pet's Name \_\_\_\_\_

Phone number: \_\_\_\_\_

Reason for checking sample: \_\_\_\_\_

Date and Time Collected: \_\_\_\_\_

Has the sample been refrigerated? (Circle One)    Yes        No

Collection method: (Circle One)

Voided Mid-stream

Voided Floor

Non-absorbable Litter

Has your pet had previous urinary issues? (Circle One)    Yes        No        Unsure

Frequency of urination: (Circle One)

Increased

Decreased

Stayed the same

Amount urinated: (Circle One)

Increased

Decreased

Stayed the same

Water consumption: (Circle One)

Increased

Decreased

Stayed the same

Appetite: (Circle One)

Increased

Decreased

Stayed the same

Activity Level: (Circle One)

Increased

Decreased

Stayed the same

Has there been any recent changes to your pet's daily routine? (ie: new litter/litterbox, change in litterbox location, new pets, company visiting, etc.) If yes, please explain. \_\_\_\_\_

What kind of food do you feed – brand, canned, dry \_\_\_\_\_

If your pet is having any other problems, please explain. \_\_\_\_\_

**Pre-Payment Required when sample is dropped off = \$68**