

Urine Drop-Off Form

Client Name _____ Pet's Name _____

Contact Number for Results _____

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

Please describe your pets symptoms and how long it's been going on.

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. _____
