

DATE: _____

WAITING

DROP OFF



Cat Urine Information Sheet

Client Name: _____ Patient Name: _____

Date and time the sample was collected? _____

Where was the sample collected from?

Off the floor In the litterbox Caught in container Other: _____

Was the sample refrigerated? YES NO

Is your pet urinating frequently? YES NO If yes, when did you first notice: _____

Is your pet urinating outside the litterbox? YES NO If yes, when did you first notice: _____

Is your pet straining to urinating? YES NO If yes, when did you first notice: _____

Are you seeing blood? YES NO If yes, when did you first notice: _____

Is your pet drinking more than usual? YES NO If yes, when did you first notice: _____

Is your pet currently on any medications or supplements? _____

When was the last dose given? _____

Is this sample a: Yearly Wellness Screening Recheck Urinalysis Other: _____

If this is a recheck, what date did the pet finish the medication? _____

I would like to be notified with my pet's results via:

Phone Call (Please leave the best number) _____

Text Message (Number and Carrier): _____

Email: _____

OFFICE USE

Paid YES NO

Current Weight: _____

Tech's Initials: _____

Date of last examination: _____

Doctor notes: _____

