

DATE: \_\_\_\_\_

WAITING

DROP OFF



## Dog Urine Information Sheet

Client Name: \_\_\_\_\_ Patient Name: \_\_\_\_\_

Date and time the sample was collected? \_\_\_\_\_

Where was the sample collected from?

Off the floor     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 inappropriately in the house?     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: \_\_\_\_\_

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