

# Urinalysis Drop Off Sheet



Date \_\_\_\_\_

*Affix Client Label*

Phone # to call with results \_\_\_\_\_



Best time to call \_\_\_\_\_

Time of collection \_\_\_\_\_

Was sample refrigerated?    YES    NO

Has your pet had previous urinary problems?    YES    NO

Is this a recheck?    YES    NO

If this is a recheck, have previous symptoms improved?    YES    NO

Are there any new symptoms?    YES    NO    If yes, please list: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What symptoms are you noticing? \_\_\_\_\_

\_\_\_\_\_

Duration of symptoms \_\_\_\_\_

Frequency/Amount of urination \_\_\_\_\_

Appetite:    NORMAL    INCREASED    DECREASED

Diet \_\_\_\_\_

Activity level:    NORMAL    INCREASED    DECREASED

Is your pet urinating around the house, outside the litterbox or other unusual behavior \_\_\_\_\_

\_\_\_\_\_