



Chetek Veterinary Clinic

URINALYSIS DROP OFF FORM

Date: _____ Pet Name: _____

Owner Name: _____

What phone number should we call for results? (___ ___ ___) ___ ___ ___ - ___ ___ ___

Please help us care for your pet by answering these questions.

1. At what time was the sample collected? ___ ___ : ___ ___ a.m. p.m.

2. Was the sample refrigerated? YES NO

3. What symptoms does your pet have? _____

4. Duration of symptoms: _____

5. Frequency of urination: _____

6. Amount of urination: _____

7. If this is a re-check, have previous symptoms improved? YES NO

8. What brand and amount of food and treats does your pet eat? (Please be specific)

a. _____ cups scoops
Brand, Formula *Amount*

b. Does your pet eat treats or table scraps? YES NO

If YES, describe:

9. Has your pet's appetite: Increased Decreased Stayed the same

10. Has your pet's water consumption: Increased Decreased Stayed the same

11. Has your pet's urination: Increased Decreased Stayed the same

12. Has your pet's activity level: Increased Decreased Stayed the same

13. Are there any other problems that your pet has that we should be aware of?
