

**FELINE URINARY SAMPLE DROP-OFF**

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

Recheck:  Yes  No

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

Date: \_\_\_\_\_

Please answer the following questions in order to help us diagnose your pet:

Is your cat urinating more frequently than usual?  Yes  No

Is your cat urinating:  Normal amounts  Smaller amounts  Larger amounts

Is your cat urinating in the litter box?  Yes  No

If no, where is he/she urinating? \_\_\_\_\_

Is your cat defecating in the litter box?  Yes  No

If no, where is he/she defecating? \_\_\_\_\_

Have you noticed any blood in the urine?  Yes  No

Have you noticed any change in urine color or smell?  Color  Odor

Description of change: \_\_\_\_\_

Have you noticed your cat straining to urinate?  Yes  No Defecate?  Yes  No

Is your cat:  Spraying vertical surfaces?  Squatting on the floor?

How long have you noticed symptoms? \_\_\_\_\_

How many cats are in your house? \_\_\_\_\_

How many litter boxes do you have? \_\_\_\_\_

What kind of litter do you use?  Clumping  Non-Clumping

How often do you scoop the litter box?  Daily  2x Daily  Weekly

How often do you clean the litter box?  Daily  2x Daily  Weekly

Did you recently change litter brands/types?  Yes  No

Does the box have a hood?  Yes  No

Does the box have a liner?  Yes  No

Have you recently moved?  Yes  No

Are there any new stresses in your life (new baby, schedule change, new job)?  Yes  No

Has your cat's thirst/water intake changed recently?  Increased  Decreased  No Change

Has your cat's appetite changed recently?  Increased  Decreased  No Change

Is your cat displaying any behavioral changes?  Yes  No

Describe changes: \_\_\_\_\_

Is your cat displaying any of these other symptoms?  Listlessness  Diarrhea  Vomiting

Weight Loss  Other \_\_\_\_\_

When was the sample collected? \_\_\_\_\_

Was the sample refrigerated?  Yes  No

What is your cat's normal diet? \_\_\_\_\_

List any medications or supplements your cat is taking:

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

What type of medication do you prefer?  Liquid  Tablets

Where can we reach you with results?  Home  Cell  Work # \_\_\_\_\_