

**DOG 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 dog urinating more frequently than usual?  Yes  No

Is your dog urinating:  Normal amounts  Smaller amounts  Larger amounts

Is your dog having urinary accidents in the house?

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 dog straining to urinate?  Yes  No

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

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

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

Is your dog displaying any behavioral changes?  Yes  No

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

Is your dog 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 dog's normal diet? \_\_\_\_\_

List any medications or supplements your dog is taking:

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

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