



URINE ANALYSIS INFORMATION SHEET

DOG:

When was the sample collected? _____

Was the sample refrigerated? YES ___ NO ___

Is the pet urinating frequently? YES ___ NO ___

Is it straining to urinate? YES ___ NO ___

Is this a re-check sample? YES ___ NO ___

Are you seeing any blood? YES ___ NO ___

Is the pet urinating in its sleep? YES ___ NO ___

CAT:

When was the sample collected? _____

Was the sample refrigerated? YES ___ NO ___

Is it urinating outside the litter box? YES ___ NO ___

Are you seeing any blood? YES ___ NO ___

Is the pet straining to urinate? YES ___ NO ___

Have there been any environmental changes? YES ___ NO ___

Example: new home or new pet

CONTACT PHONE #: _____