



## URINE ANALYSIS INFORMATION FORM - DOG

CONTACT PHONE#: \_\_\_\_\_

**FQI** <

Is this a recheck sample? YES \_\_\_ NO \_\_\_ UNKNOWN \_\_\_

Was this sample request by a Doctor? YES \_\_\_ NO \_\_\_ UNKNOWN \_\_\_

What day and time did you obtain the sample? DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

Was the sample refrigerated before being brought in? YES \_\_\_ NO \_\_\_

Is your pet straining to urinate? YES \_\_\_ NO \_\_\_ If so for how long: \_\_\_\_\_

Is your pet asking to go out more frequently? YES \_\_\_ NO \_\_\_ If so for how long: \_\_\_\_\_

Is your pet having urine accidents in the house? YES \_\_\_ NO \_\_\_ If so for how long: \_\_\_\_\_

Is your pet urinate in their sleep? YES \_\_\_ NO \_\_\_ If so for how long: \_\_\_\_\_

Are you seeing blood in the urine? YES \_\_\_ NO \_\_\_ If so for how long: \_\_\_\_\_

Signature: \_\_\_\_\_