



LABORATORY SAMPLE DROP OFF

Client Name:
Patient Name:
Breed:

Patient ID:
Sex:

Date:
Age:

Home Phone:

What phone numbers can you be reached at before 5:00? _____

After 5:00? _____

Did a doctor ask you to bring in this sample? YES NO

If yes, why?

Recheck after Urinary Tract Infection

Check Protein

Part of annual screen performed

If not, why did you bring it in? Circle any symptoms noted:

URINE:

Frequent urination

Accidents in house

Straining to urinate

Blood in urine

Strong odor

Urine leakage when resting

Routine check - no symptoms

STOOL:

Routine check - no problems

Worms seen, describe: _____

Frequent bowel movements

Accidents in house

Diarrhea For how long?

Blood in stool

Straining to defecate

Mucous in stool

Weight loss