



Eau Claire

## ANIMAL HOSPITAL

2504 Mall Drive Eau Claire, WI 54701 835-5011

### Urinalysis Drop off Form

Date \_\_\_\_\_ Phone # to call with results \_\_\_\_\_

Owner Name: \_\_\_\_\_ Pet Name \_\_\_\_\_

Time of collection: \_\_\_\_\_ Was sample refrigerated? Yes No

Has your pet had previous urinary problems? Yes No

Is this a recheck? Yes No If yes, has previous symptoms improved? Yes No

Are there any new symptoms? Yes No If yes, please list new symptoms.

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

Duration of symptoms \_\_\_\_\_

Frequency of urination \_\_\_\_\_

Amount of urination \_\_\_\_\_

Is water consumption Normal Increased Decreased

Is appetite Normal Increased Decreased

What type of food are you feeding? Please be specific \_\_\_\_\_

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

Activity level Normal Increased Decreased

If pet is urinating in the house, what type of cleaner(s) is being used? \_\_\_\_\_

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