

DROP OFF: FECAL AND URINALYSIS

To best serve you and your pet, please fill out this sheet

Client's Name: _____ Pet's Name _____

Best phone # to reach you: Today _____ Tonight _____ Date _____

Please fill out the top portion for all fecal and urine samples:

- Time sample was obtained:

- Circle one: **1st time / Recheck / Wellness**
- Days Abnormal:

- Currently on medication? **YES / NO**
- Any improvement: **YES / NO**
- What are you currently feeding your pet?

- Any recent changes in food or snacks?

- Eating: **LESS / MORE / NORMAL** Drinking: **LESS / MORE / NORMAL** Energy: **DOWN / NORMAL**
- Comments or Concerns:

FECAL SAMPLE

- Stools appear: **FIRM / SOFT / RUNNY**
- Vomiting?: **YES / NO**
- Eat mice / birds / game? **YES / NO**
- Mucous or blood in stool? **YES / NO**
- Exposed to river / pond water? **YES / NO**
- Recently eat something unusual? **YES / NO**
- Accidents in the house? **YES / NO**

URINE SAMPLE

- Urinating in peculiar places? **YES / NO**
- Pain when urinating? **YES / NO**
- Increased frequency of urination? **YES / NO**
- Straining while urinating? **YES / NO**
- Increased volume of urine? **YES / NO**
- Blood in urine? **YES / NO**

