

Lab Drop-off Form

Date and Current/Drop-off Time: _____

Sample type: Urine Feces Other

Sample Collection time: _____ Method of Collection: _____

Pet name: _____ **Age:** _____ **Breed:** _____

Owner Name: _____

Phone Number for results: _____

Reason for sample submission:

Recheck Requested by Dr. Re-occurrence of previous problem New issue

Regular/Annual screening test Other _____

Has your pet had this test run before? Yes No

If yes, how long ago? _____

CURRENT:

Diet Fed: _____ Treats Fed: _____

Appetite: _____ Energy level: _____

Urination/Defecation (Can select multiple):

No concerns/Regular Straining Accidents in house Leaking/puddles after sleeping Other

If other, please explain: _____

When did signs begin? _____

Current Medication/herbal supplements: Yes No

If so, please list: _____

Last Dosage: _____

If Recheck any improvement on medication? Yes No

Details: _____

Any other Concerns? _____
