

Specimen Sample Drop off form

Date: _____

Client Name: _____ Account # (office use only) _____

Phone number to be reached: _____

Pet's Name: _____

Did the Doctor ask you to bring in this sample? YES NO

If yes, why? _____

Follow-up after infection/illness

Additional Testing

Other _____

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

URINE:

Frequent urination Accidents in House Straining to urinate

Blood in urine Strong Odor Incontinence

STOOL:

Routine check-no problems Worms seen-describe _____

Frequent bowel movements Accidents in house Blood in stool

Diarrhea-For how long? _____

Straining to defecate Mucous in stool Weight Loss