Ferry Farm Animal Clinic 386 Kings Highway Fredericksburg Virginia 22405 Phone (540) 371-5090 Fax (540) 371-5198

URINE SAMPLE DROP OFF FORM

| | Date: |
|--|--------------------------------|
| Chart Number Client Patient | |
| Did a doctor request a sample? | |
| Reason for bringing the sample? (Why do ye | ou think there is a problem?) |
| How long has there been a problem? | |
| Is your pet: (check all that apply) urinating small amounts urinating more frequently having blood in the urine drinking more water than usual trying to urinate with little or no urin licking his/her genital area more than | ne produced |
| What are you feeding your pet? | |
| Has your pet had urinary problems previous | sly? If yes, please explain. |
| How long has it been since you collected th | e sample? |
| Has it been stored in the refrigerator? | |
| Phone number where we can reach you wit | h the results: |
| MOST URINE SAMPLES ARE SENT TO AN O | OUTSIDE LAB. RESULTS SHOULD BE |

MOST URINE SAMPLES ARE SENT TO AN OUTSIDE LAB, RESULTS SHOULD BE HERE WITHIN 24-48 HOURS. WE WILL CONTACT YOU AT THAT TIME.