

PRIME CARE
ANIMAL HOSPITAL, INC.
750 Route 3 South, Suite 12, Gambrills, Maryland 21054
(410) 923-PETS (7387)

Urine Specimen Drop-off Sheet

Animal's Name: _____ Date: _____

Reason for dropping off urine specimen: _____

What time was specimen collected? _____

What time are you dropping it off? _____

Has the specimen been refrigerated? Yes No

What method did you use to collect specimen? Clean litter box Free-catch

What diet is your pet on? _____

How is your animal's urination? Decreased Normal Increased

Have you noticed any abnormalities regarding the urine? Yes No

If yes, what were they? _____

Is your animal urinating inappropriately? Yes No

How is your animal's water consumption? Decreased Normal Increased

List medications your pet is currently taking: _____

Dosage _____ How often is the medicine given? _____

Last time medicine was given: _____

Does your pet have a history of allergic reactions? Yes No

If yes, to what? _____

Any other symptoms or problems noted:

Where can the doctor reach you to discuss the results? _____