



**URINE DROP OFF FORM**

**Pets Name:** \_\_\_\_\_

**Today's Date:** \_\_\_\_\_ **PHONE # TO REPORT RESULTS TO:** \_\_\_\_\_

1.) Is this sample for Proin (PPA) monitoring? **YES / NO** (please circle)

\*\*\*\*\*PLEASE SKIP TO **QUESTION 2** IF YOU ANSWERED **NO TO QUESTION 1**.\*\*\*\*\*

a.) If you answered **YES to Question #1**, please list any current urinary symptoms, if any:

\_\_\_\_\_  
\_\_\_\_\_

2.) Is this a ***ROUTINE YEARLY URINE CHECK*** or ***RECHECK URINE FOR RECENT ISSUES*** or a ***NEW/UNDIAGNOSED URINARY ISSUE***? (please circle)

3.) What are the symptoms, if any (please list any changes if this is a recheck urine for recent issues)?

\_\_\_\_\_

4.) Is this a first morning urine collection? **YES NO** (please circle)

5.) Time & Date Collected: \_\_\_\_\_ Has it been refrigerated? **YES / NO** (please circle)

6.) If you have circled any of the choices in **Question #2**, please list all current symptoms (e.g., excessive drinking or urinating, straining to urinate, blood in urine).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7.) What diet is your pet currently eating (please list diet and treats)?

\_\_\_\_\_

8.) What (if any) supplements/vitamins does your pet receive? \_\_\_\_\_

9.) What other current medicine is your pet on? \_\_\_\_\_

\_\_\_\_\_

***I understand patients with abnormal urine sample results are required to bring a follow-up urine sample as soon as the prescribed medications are finished (next day). This assures our doctors that the problem has been completely treated and the follow-up testing accurately reflect treatment results. When immediate (next day) follow-up is not followed, it may be necessary to prescribe additional medications. \_\_\_\_\_ (owner/agent initials)***

\_\_\_\_\_  
CLIENT NAME (PRINTED)

\_\_\_\_\_  
CLIENT SIGNATURE

\_\_\_\_\_  
DATE