

## DROP OFF URINALYSIS QUESTIONNAIRE

What time was the urine sample taken? \_\_\_\_\_

How was the urine sample collected? \_\_\_\_\_

Is the Patient having accidents? Yes No Please circle.

How much urine is there? Small puddle? Large amount of urine? Please circle.

Is your pet straining? Yes No Please circle. Does your pet cry out in discomfort? Yes No

How long has the problem been going on? \_\_\_\_\_

How much water is your pet drinking? Large amts. Small amts. Normal amts. Please circle.

Have you noticed anything abnormal? Odor? Color? Discharge? Blood? Please circle.

How is the urine stream? Normal Drips Please circle

Does your pet groom excessively? Yes No Where? \_\_\_\_\_ Ex. (-Belly, vulva, penis? )

Any other questions? \_\_\_\_\_

What food is your pet fed? Dry? Wet? Brand? \_\_\_\_\_ How much?

For Cats:

How many cats do you have? \_\_\_\_\_

How many litterboxes do you have in the house? \_\_\_\_\_

Is your cat indoors only? Yes No