

Urine/Stool Drop-Off

Date _____

Last Name _____ Client's First Name _____

Pet's Name _____ Phone Number _____

1. About how many hours old is this sample? _____

2. Has this sample been refrigerated? Yes _____ No _____

3. Have you seen blood in this or any other sample? Yes _____ No _____

4. If this is a stool, have you seen any worms? Yes _____ No _____

5. What is the reason for this sample?

6. Are there other pets in your household? Yes _____ No _____ If yes,
are they having any symptoms?

Please add any additional information that you feel is necessary: