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**Urine Sample Drop-off Form**

Client Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

Client Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Patient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Did a doctor request a sample? Yes/ No

Reason for bringing in sample? (Why do you think there is a problem?)

How long has this problem been going on?

Is you pet: (Check all that apply)

\_\_\_ Urinating small amounts \_\_\_ Urinating large amounts

\_\_\_ Urinating more frequently \_\_\_ Vomiting

\_\_\_ Having blood in the urine \_\_\_ Not eating

\_\_\_ Drinking more than usual \_\_\_ Urinating in unusual places

\_\_\_ Trying to urinate with little to no urine produced

\_\_\_ Licking his/her genital area more than usual

What are you feeding you pet?

Has you pet had issues in past?

How long has it been since you collected the sample?

Has it been stored in the fridge?

Phone number where we can reach you with results: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Urine sample will be run before the day end as soon the assistants have time. A urinalysis cost $45 and must be paid before prescribing medicines. An assistant or doctor will contact you with results as soon as able.**

Lab use only: Urine ran Owner contacted