**Drop-Off Urine Sample Questionnaire**

*Please circle if applicable*

Owner’s Name: \_\_\_\_\_\_\_\_\_\_\_\_ Patient’s Name: \_\_\_\_\_\_\_\_ Date: \_\_\_\_

Telephone # to contact results with: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Reasons for Drop Off:**

Re-check Yearly check-up Urinary Tract Issue

**How did you collect this urine sample?**

Free catch Off the ground Out of the litter box

**What time did you collect this urine sample?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If this is a re-check:**

* Are you seeing improvement? Yes No
* If you aren’t seeing any improvement, are symptoms:

Same Worse New Symptoms

* + Briefly explain worse/new symptoms:

**If this isn’t a re-check:**

* Drinking more than normal? Yes No
* Urinating in: One Spot Several Spots
* Current Diet: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Any diet changes? Yes No
* Any straining? Yes No
* Any leakage? Yes No
	+ If leakage, is it: While sleeping While walking
* Color: Clear Orange Dark Yellow
* Blood Present? Yes No
* Duration of symptoms: \_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Has your animal been spayed/neutered? Yes No Unsure