



2135 N Clairemont Ave, Eau Claire, WI 54703
info@mywestgateanimalhospital.com
(715) 834-7538

Urine Sample Drop-Off Information

Date: _____ Time of Sample Collected: _____

Owner Name: _____ Pet Name: _____

Home Phone: _____ Mobile Phone: _____

Phone number and person to call with results: _____

Was the sample refrigerated? Yes No

Is this a sample recheck? Yes No

Is the pet having problems? Yes No

If Yes, what symptoms are being seen? _____

When did you first notice the issue? _____

Has there been an increase in frequency? Yes No

Has there been a decrease in frequency? Yes No

Does there seem to be an urgency to urinate? Yes No

Has there been a change in the amount of urine produced? Yes No

Is the pet having accidents in the house? Any trouble using the litterbox? Yes No

If Yes, please explain: _____

Have there been any changes in the household? Yes No

Type of food fed: _____

Is your pet having any other problems? _____