

PATIENT INFO		
Please Complete All Acct Info		
ACCT NUMBER:		DATE:
ACCT NAME:		CHART NUMBER:
ACCT PHONE:		DOCTOR:
SPECIES: <input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Horse <input type="checkbox"/> Other (specify):	SEX: <input type="checkbox"/> Female <input type="checkbox"/> FS <input type="checkbox"/> Male <input type="checkbox"/> MC	CLIENT:
BREED:	AGE:	EMAIL ADDRESS:
		PATIENT NAME:

This sample is being submitted to aid (Check which applies): Diagnosis Monitoring

Age When Spayed / Neutered (If Applicable): _____

Weight (lbs.): _____

CLINICAL INFORMATION ABOUT THE PATIENT

(Please check appropriate box and provide additional information where required)

Is this dog exhibiting any of the following?

Stranguria	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> unknown
Pollakiuria	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> unknown
Pyuria	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> unknown
Hematuria	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> unknown
UTI/bacterial infection	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> unknown

A history of ongoing urinary tract issues (e.g. cystitis, UTIs, stones)? yes no unknown

Has a mass been detected in the urinary tract of this dog? yes no unknown

Please list all medications used in the past 30 days: _____

Has this dog been treated recently with any chemotherapy? yes no

If yes, please specify name of chemotherapy drug(s) and when last administered: _____

Has this dog been treated recently with radiation therapy? yes no

KEEP 2ND COPY FOR YOUR RECORDS.

LABORATORY COPY