

# FERRY FARM ANIMAL CLINIC, Ltd.

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## URINE SAMPLE DROP OFF FORM

DATE:

CHART NUMBER: \_\_\_\_\_

CLIENT: \_\_\_\_\_

PATIENT: \_\_\_\_\_

Did a doctor request a urine sample?

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

How long has this been occurring?

Is your pet: (check all that apply)

- |   |   |
|---|---|
| <input type="checkbox"/> urinating small amounts                            | <input type="checkbox"/> urinating large amounts      |
| <input type="checkbox"/> urinating more frequently                          | <input type="checkbox"/> vomiting                     |
| <input type="checkbox"/> having blood in the urine                          | <input type="checkbox"/> not eating                   |
| <input type="checkbox"/> drinking more water than usual                     | <input type="checkbox"/> making noise while urinating |
| <input type="checkbox"/> trying to urinate with little or no urine produced |   |
| <input type="checkbox"/> licking his/her genital area more than usual       | <input type="checkbox"/> urinating in unusual places  |

What are you feeding your pet?

Has your pet had urinary problems previously? If yes, please explain.

How did you collect this urine sample?

How long has it been since you collected this sample?

How has it been stored?

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

**MOST URINE SAMPLES ARE SENT OUT TO AN OUTSIDE LAB. RESULTS SHOULD BE HERE WITHIN 24 -48 HOURS. WE WILL CONTACT YOU AT THAT TIME.**