



# CRESTON VETERINARY HOSPITAL

Urine/Fecal Drop-Off

Doctor: \_\_\_\_\_

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

Date Collected: \_\_\_\_\_

Time Collected: \_\_\_\_\_  AM  PM

Refrigerated:  Yes  No

Is your pet dewormed?:  Yes  No

Last Treatment: \_\_\_\_\_

Current Diet: \_\_\_\_\_

**Please check all that apply:**

**URINE:**

- Trouble urinating
- Blood in urine
- Leaking urine
- Other \_\_\_\_\_

**FECAL:**

- Diarrhea
- Constipation
- Blood in stool
- Mucous
- Discoloured \_\_\_\_\_
- Other \_\_\_\_\_

Lifestyle changes that may have influenced this behaviour:

\_\_\_\_\_