



Millerton
Veterinary
Practice PLLC

Please help us diagnose your pet properly by filling in the form below:

Today's Date: _____

Is this a recheck urine? YES NO

Is this a first morning urine collection? YES NO

What time was it collected? _____

Has it been refrigerated? YES NO

What are/were the symptoms? _____

Have the symptoms resolved or changed at all? _____

What diet is your pet currently eating? _____

What (if any) supplements/vitamins does your pet receive _____

What other current medicine is your pet on? _____

Please list any other information you would like the doctor to receive:

All patients that have abnormal urine samples need to have a recheck urine sample as soon as their medications are finished. This assures us that the problem has been completely treated. If not, we will prescribe additional medications or a change of diet. _____

(owner/agent initials)

Client Name

Patient Name

Telephone Number