

***Feline Urinalysis  
Drop-Off Form***

Date \_\_\_\_\_

Owner's name \_\_\_\_\_ Today's phone # \_\_\_\_\_

Cat's name, \_\_\_\_\_ male  female  neutered.  spayed

What symptoms is your cat exhibiting? Check any that apply.

- straining in litterbox
  - visiting litterbox often
  - urinating out of the box  
(where? for example, edges of rooms, middle of room, bathtub)  
(what surfaces? for example, on clothes, carpet or plastic)
- \_\_\_\_\_
- \_\_\_\_\_

- blood noted in urine
- passing only small amounts of urine
- change in water consumption

How long has this problem been present? \_\_\_\_\_

What food is your cat eating? \_\_\_\_\_

Has your cat been vomiting or showing signs of decreased appetite? Yes  No

Does your cat seem otherwise -normal  "Out Of Sorts"  stressed  depressed

How many cats are in your household? \_\_\_\_\_

How many litterboxes do you have? \_\_\_\_\_ **Open**  **Covered**

Where are they located? \_\_\_\_\_

Do you use clumping, sandy litter  gravel litter  other ~  \_\_\_\_\_

How often do you clean the boxes? \_\_\_\_\_

Have there been any changes in your household within the last six months? (for example, a new roommate, a move, remodeling, a new pet?)

Other Comments:

\_\_\_\_\_