



1745 Mileground
Morgantown,
West Virginia 26505
304 296-7387

URINE SAMPLE SUBMISSION FORM

Date _____

Your Name _____ Pet's Name _____

Is this sample submission a recheck following medications? Yes No

If yes, when did you finish medications? Date _____

When was the sample obtained? _____ time

Has it been refrigerated since being collected? Yes No

Has your pet been exhibiting any of the following symptoms?

Frequent urination

Inappropriate urination (in the house or out of the box)

Drinking more water than normal

This sample will be processed as quickly as possible. After a veterinarian has reviewed the results you will be contacted. If indicated, medications will be prepared at that time.

Phone number _____

Sample processing cost is \$28.00 and is payable at the time of sample submission.

Thank you for allowing us to care for your pet!!

05/11/2007