

NAME: _____ **DATE:** _____

CELL PHONE NUMBER _____

CLIENT URINATION HISTORY

DOG

CAT

1. When did it start? _____

2. Increased drinking? Yes No Maybe

3. Increased urination Yes No Maybe

4. Have you seen any blood? _____

5. Urine accidents? Yes No Maybe

Straining to go? Yes No Maybe

6. Is the animal quiet/painful/lethargic or otherwise appearing unwell?

7. Did you bring a urine sample Yes No