

Lake City Animal Clinic

Sample Drop-off Form

Date: _____

Owners name: _____ Pets name _____

Contact phone number _____

Urine _____

Feces _____

When was sample collected? _____

Was sample refrigerated? _____

Why are we checking the sample? _____

If we are rechecking sample, did your pet improve while on the previously dispensed medications and/or diets _____
