

Leavells Animal Hospital
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SAMPLE DROP OFF FORM

This form is designed to give us as much information about a sample that is being dropped off for our review. Please fill this out to the best of your ability, and bring this along with your sample.

Owner's Name: _____

Pet's Name _____

Phone Number of owner for results _____

What type of sample are you dropping off? Urine ___ Fecal ___ Vomit ___

When was sample obtained? Date: _____ Time _____ AM PM

Sample Purpose: Routine Screening ___ Problem ___ Follow up ___

When did symptoms start? Date: _____

Straining? Yes No Blood? Yes No

Frequency: _____

Any other pets in the house affected? _____

Change in diet? Yes No - If yes, explain _____

On medications? Yes No - If yes, explain _____

Any history that you would like to share with us about this sample:

Thank you!