

# HOW TO COLLECT A **URINE** SAMPLE AT HOME

## Container

- A sterile urine cup is best: we can provide one for you for free!
- Any container you use needs to be completely clean and dry.
- You can also use a plastic Tupperware or other tight-sealing dish (wash very well with hot soapy water, rinse well and dry thoroughly, or put it through your dishwasher before using).

## Amount

- 1/4 cup is an ideal amount!

## Delivery

- The fresher, the better!
- Fill out the info on the reverse of this sheet and bring it with the sample
- All samples should be less than 6 hours old
- Please refrigerate the sample if you can't bring it in right away.
- If the urine is needed to complete a lab panel, we need within 10 days of the blood draw.

## Tips: Dogs

- The first morning sample is usually the best, and the easiest to catch!
- Keep your dog on a leash to keep them from walking away from you
- Try using a soup ladle to help collect if your pet startles easily, or lifts his leg!

## Tips: Cats

- You can pick up a non-absorbable litter like NoSorb from our office. Use this in a clean empty litter pan.
- You can also try styrofoam peanuts or placing plastic food wrap on top of the litter (if your cat doesn't dig!).
- Separate cats and confine to a small room with the litterbox nearby

## Problems?

- Don't hesitate to call with questions!
- If you can't get a sample, please schedule an appointment for us to help!



**CITY PAWS VETERINARY CLINIC**

2200 S. Vandeventer Ave. STL | (314) 644-0404

M-W 9-6 Th 12-8 F 9-6 S 9-12

Owner Name: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Phone number we can reach you with results: \_\_\_\_\_

How was the urine collected? \_\_\_\_\_

When was the urine collected? \_\_\_\_\_

Is this urinalysis an  Initial Urinalysis  Recheck Urinalysis

If Recheck, have symptoms resolved?  YES  NO

## Symptoms

(Please check all that apply):

- |  |  |
|--|--|
| <input type="checkbox"/> Increased frequency           | <input type="checkbox"/> Discoloration of urine          |
| <input type="checkbox"/> Increased volume              | <input type="checkbox"/> Urinating while sleeping        |
| <input type="checkbox"/> Straining to urinate          | <input type="checkbox"/> Dribbling urine                 |
| <input type="checkbox"/> Increased water intake/thirst | <input type="checkbox"/> Urinating in abnormal locations |
| <input type="checkbox"/> Other (please explain) _____  |  |

## Meds & Food

Please list all current medications your pet is taking.

\_\_\_\_\_

Date of last medication dose if recently finished: \_\_\_\_\_

Currently taking medications for this condition?  YES or  NO

Patient's diet: \_\_\_\_\_

## Lab Use Only

- Arrival time: \_\_\_\_\_
- Centrifuge read by: \_\_\_\_\_
- Strip read by: \_\_\_\_\_
- USG read by: \_\_\_\_\_

Results entered in computer: \_\_\_\_\_  
Patient info/symptoms entered in computer \_\_\_\_\_  
Sent to IDEXX to complete? \_\_\_\_\_  
Date of lab submission: \_\_\_\_\_