



Specimen Drop off Form

Date: _____

Owner Name: _____

Patient Name: _____

Circle One: Urine or Fecal

Please describe in detail the reason for specimen drop off:

***If you are dropping off a fecal sample, is your pet currently taking heartworm, flea and tick prevention?* Yes or No (Circle One)**

Best phone # to reach you regarding results (if applicable):

You will receive a phone call only if your pet is symptomatic or has a positive result.