15444 N 76TH St Suite C105 | Scottsdale, Arizona | 480.676.5937 | Info@veteklabs.com

VETEKLABS®
VETERINARY DIAGNOSTICS

REQUISTION FORM E (Stone)

Doctor Name: _____ **Clinic Name:** _____

Breed		**Age**	**Gender** ☐ M ☐ F ☐ M (N) ☐ F (S)
Species	**Patient First Name**	**Patient Last Name**	

Sample Source(s)

☐ **Kidney** ☐ **Ureter** ☐ **Bladder** ☐ **Urethra** ☐ **Voided**

Sample(s) History

Retrieval Method	☐Surgical ☐Voided	☐Catheter ☐Lithotripsy	☐Owner Obtained ☐Necropsy	☐Basket ☐Unknown
Date Retrieved	*Day*	*Month*	*Year*	☐Unknown
Date Clinical Signs Noted	*Day*	*Month*	*Year*	☐Date clinical signs noted unknown

Patient History

Dietary History	☐Commercial / Prescription	☐Homemade	☐Table Food	☐Treats/Other	☐Unknown
Medical History	Previous Urolith?	☐ Yes	☐ No		☐Unknown
	Urine Culture? *If performed within 1 month of urolith detection.*	☐Not Cultured ☐No Growth ☐Pending	☐Staphylococcus ☐Streptococcus ☐Proteus spp.	☐E. coli ☐Klebsiella spp. ☐Pseudomonas spp.	☐Mixed / Multiple ☐Other ☐Unknown
Antibiotics History	*If given within 1 month of urolith detection.*	☐None ☐Aminoglycosides ☐Cephalosporins ☐Fluoroquinolones	☐Macrolides ☐Penicillins ☐Tetracyclines ☐Sulfonamides	☐Multiple Antibiotics ☐Other Antibiotics	☐Unknown
Was allopurinol given at any time?	☐ No	☐Yes	☐Unknown		
Previous Illness or Injury?	☐ No	☐Yes *If yes, please specify.*	_____ _____ _____		