



Send directly to:

Canadian Veterinary Urolith Centre
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FOR OFFICE USE ONLY

LSD Lab No. _____
Resubmission on this animal? Yes
Previous no. _____

**NOTE: SUBMITTING CLINICS ARE RESPONSIBLE FOR SHIPPING CHARGES.
PLEASE SUBMIT CLEAN DRY UROLITHS, CRYSTALS AND URETHRAL PLUGS IN A CLEAN PLASTIC VIAL.**

Clinic Name:		Owner:	
Address:		Address:	
Province:	Postal Code:	City:	
Veterinarian:		Province:	Postal Code:
Phone:	Fax:	Phone:	Fax:
Email:		Email:	

ANIMAL INFORMATION: PLEASE FILL IN THE BLANK OR CHECK WHERE APPROPRIATE:

Specimen submitted: calculus urethral plug sediment crystal **Animal's name:** _____
Source of calculus: (check all applicable): renal pelvis ureter bladder urethra other _____
Species: canine feline **Breed:** _____ **Sex:** male female **neutered/spayed:** yes no
Age: _____ month/year **Body condition:** thin normal overweight **Weight:** _____ kg
Environment of animal: outdoor indoor both **Did the owner move or board this animal in the last 3 months?** yes no
Duration of problem: _____ week/month **# of OTHER animals on premises:** cats: _____ dogs: _____ other: _____

LIST CLINICAL PROBLEMS:

1. _____	2. _____
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RELEVANT HISTORY:

Was a urine sample obtained? Yes No **If yes:** AM or PM?
Approximate hours since last meal: 0-2 2-6 6-10 10-14 14+
Was the urine obtained: free flow catheter cystocentesis
Were crystals present? yes no
Specify type(s): struvite calcium oxalate phosphate urate
 other _____
Were any of the following seen in the urine? WBCs RBCs bacteria
What was the urine pH? _____
What was the urine specific gravity? _____
Was the urine cultured? yes no
If yes, was it sterile? yes no isolates: _____

FOR PREVIOUS UROLITHS ONLY:

Previous uroliths? yes no unknown
If yes, date of detection _____
Composition: struvite calcium oxalate
 phosphate urate other _____
Source: (check all applicable)
 renal pelvis ureter bladder urethra
 other _____
Date previous urolith voided or removed:

Were antibiotics given? yes no
Was blood taken? yes no **if yes, was there hypercalcemia?** yes no

DIET: _____ DRY CANNED
What diet was fed prior to urolith diagnosis? _____
How long has this diet been fed? _____ month/year _____ month/year
Amount fed? _____ % _____ %
Feeding: _____ ad lib meal fed ad lib meal fed

If meal fed, #of meals? _____
Were treats fed? yes no **Were table foods fed?** yes no
At the time of urolith diagnosis, was the animal receiving: steroids vitamin C
Type of cat litter: clumping clay recycled newspaper NoSorb other
Length of time on this type of litter Less than 3 months More than 3 months
Does the cat also urinate outside? yes no **If yes in the:** Summer Spring Fall Winter

Thank you for completing this questionnaire. The information provided will be used for ongoing research into urolith prevention.

Preferred language of correspondence: English French