



**Send directly to:**

Canadian Veterinary Urolith Centre  
University of Guelph, Laboratory Services Division,  
95 Stone Rd. W.,  
Guelph, ON N1H 8J7

Phone: 519-823-1268 ext. 57454

Fax: 519-767-6240

Email: cvuc@uoguelph.ca

**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: _____ City: _____		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. _____
----------	----------

**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