

CANADIAN VETERINARY UROLITH CENTRE SUBMISSION FORM

Send directly to:

Canadian Veterinary Urolith Centre University of Guelph, Laboratory Services Division, 95 Stone Rd. W., Guelph, ON. N1G 2Z4 This urolith analysis* is made possible in part by the support of Royal Canin.



Email:		J 1			
Address: City: Owner's Last Name: Province: Postal Code: Species: Canine Feline Other*:					
Province:	Clinic Name:	Clinic ID:	Pet	Name:	
Veterinarian: Breed: Phone:	Address: City:	Owner's Last Name:			
Phone: Fax:	Province: Postal Code:	Species: ☐ Canine ☐ Feline ☐ Other*:			
Fax:	Veterinarian:	Breed:			
Email: Age:	Phone:	Sex: □ Male	☐ Female	Neutered/Spayed: ☐ Yes ☐ No	
SAMPLE INFORMATION: No. Samples: Specimen submitted: Urotith(s) Urethral plug Sediment Crystals Source of urotith(s): (check all applicable): Renal Pelvis Ureter(s) Bladder Urethra Other Method of removal: Voided naturally Cystotomy Voiding Urohydropropulsion Lithotripsy +/- basket removal Percutaneous cystolithotomy Laparoscopic assisted cystotomy Other RELEVANT HISTORY: Does the patient have renal disease? Yes No Unknown Is the patient hypercalcemic? Yes No Unknown List other concurrent diseases (if applicable) List medications (if applicable) Environment of animal: Mostly Outdoor Mostly Indoor Indoor + Outdoor # of OTHER animals on premises: Cats: Dogs: Primary diet (at time of diagnosis): Brand name: Duration: Year(s) Month(s) Primary diet type: Wet Dry Mixed Semi-Moist Fresh Unknown Diet name: Previous diet: Brand name: Prev. Duration: Year(s) Month(s) Previous diet type: Wet Dry Mixed Semi-Moist Fresh Unknown Does this patient have a previous history of Urolith(s)? Yes No Unknown If YES PLEASE PROVIDE InFORMATION BELOW REGARDING THE PATIENT'S PREVIOUS UROLITH(S): Previous urolith method of removal: Percutaneous cystolithotomy Laparoscopic assisted cystotomy Other Composition: Struvite Calcium Oxalate Calcium Phosphate Urate Other Source (check all applicable): Renal Pelvis Ureter(s) Bladder Urethra Other Previous urolith report number(s) [if available): Previous urolith report number(s) [if available): Preferred language of correspondence: English French Preferred report delivery method: Email Fax	Fax:			If Yes: □ Before stone removal □ At or post stone removal	
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List other concurrent diseases (if applicable) List medications (if applicable) Body condition: Thin Normal Overweight Body Score: Weight: kg lb Environment of animal: Mostly Outdoor Mostly Indoor Indoor + Outdoor # of OTHER animals on premises: Cats: Dogs: Duration: Year(s) Month(s) Primary diet (at time of diagnosis): Brand name: Duration: Year(s) Month(s) Primary diet type: Wet Dry Mixed Semi-Moist Fresh Unknown Diet name: Previous diet: Brand name: Prev. Duration: Year(s) Month(s) Previous diet type: Wet Dry Mixed Semi-Moist Fresh Unknown Prev. Diet name: Previous diet type: Wet Dry Mixed Semi-Moist Fresh Unknown Prev. Diet name: Previous diet type: Wet Dry Mixed Semi-Moist Fresh Unknown Prev. Diet name: Previous diet type: Wet Dry Mixed Semi-Moist Fresh Unknown Prev. Diet name: Previous diet type: Wet Dry Mixed Semi-Moist Fresh Unknown Prev. Diet name: Does this patient have a previous history of Urolith(s)? Yes No Unknown Prev. Diet name: Does this patient have a previous history of Urolith(s)? Yes No Unknown Unknown Prev. Diet name: Does this patient have a previous history of Urolith(s)? Yes No Unknown Un	No. Samples: Specimen submitted: □ Urolith(s) □ Source of urolith(s): (check all applicable): □ Renal Pelvis □ Underly □ Cystotomy □ Voidin □ Percutaneous cystolithotomy □ Laparoscopic assisted cystotomy	Jreter(s) □ Bla g Urohydroprop my □ Other _	dder □ Ure pulsion □ Lith	otripsy +/- basket removal	
Body condition: Thin Normal Overweight Body Score: Weight: kg lb Environment of animal: Mostly Outdoor Mostly Indoor Indoor + Outdoor # of OTHER animals on premises: Cats: Dogs: Duration: Year[s] Month[s] Primary diet (at time of diagnosis): Brand name: Duration: Year[s] Month[s] Primary diet type: Wet Dry Mixed Semi-Moist Fresh Unknown Diet name: Previous diet: Brand name: Prev. Duration: Year[s] Month[s] Previous diet type: Wet Dry Mixed Semi-Moist Fresh Unknown Prev. Diet name: Prev. Diet name: Does this patient have a previous history of Urolith[s]? Yes No Unknown					
Does this patient have a previous history of Urolith(s)?	Environment of animal:				
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NOTE: ALL FIELDS MUST BE COMPLETED IN FULL TO PROCEED WITH ANALYSIS. ANY MISSING INFORMATION WILL RESULT IN DELAYS.

*The Canadian Veterinary Urolith Centre provides urolith analysis for all species, except humans and other primates. Canine and feline urolith analysis is made possible in part by the support of Royal Canin with a nominal testing fee charged. Clinics are responsible for shipping costs and the fees for uroliths from species other than dogs and cats. Details available at https://afl.uoguelph.ca/our-services/canadian-veterinary-urolith-centre/

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