



Where Cats Rule!!!

Examinations and Drop-Off

Cats Name _____ Cats Age _____ Owner _____
Phone _____ Has your address changed? If yes, please update below _____

Reason for Exam _____

Is your pet up to date on vaccines? Yes / No Date/Clinic given _____

Has your pet been seen by a previous vet? Yes / No If so, please see back of form.

Duration of Symptoms (if applicable) _____

Is patient on flea or heartworm prevention? _____ If so, what kind? _____

Any known allergies? _____ FIV/FeLV Tested? _____ Date _____ Results _____

Is your pet currently micro-chipped? Yes / No

Is it easier to give Pills? _____ Liquid? _____

Brand of Food _____ Type: Dry/Can _____

Is your pet currently on any medications/supplements? **If so, please fill out back side of form.**

Please Select Appropriate Choice:

Housing: (INDOOR) (OUTDOOR) (BOTH)

How many cats in household? _____ How many dogs in household? _____

Appetite: (NORMAL) (DECREASED) (INCREASED) (NOT EATING) How long? _____

H2O intake: (NORMAL) (DECREASED) (INCREASED) (NOT DRINKING) How long? _____

Vomits: (NEVER) (OCCASIONALLY) (FREQUENTLY) How often and what? _____

BM: (NORMAL) (STRAINS) (PAINFUL) (HARD/DRY) (BLOODY) (DIARRHEA) how often? _____

Urinary: (NORMAL) (STRAINS) (PAINFUL) (BLOOD) (OUTSIDE LITTER BOX)

Activity Level:

(NORMAL) (VERY ACTIVE) (LETHARGIC) (MORE ACTIVE) (LESS ACTIVE)

Respiratory: (NORMAL) (SNEEZING) (COUGHING) (DISCHARGE) what color? _____

Parasite Control: All patients will be inspected for fleas at the time of admission. If fleas are present, a Capstar tablet will be given at the expense of the owner.

I give Authorization for the Following:

Exam _____ Blood Work _____ X-ray _____ Sedation _____ Medication _____ UA _____ Vaccines _____

Please ask for prices if needed.

I hereby authorize the veterinarian to examine, prescribe for and treat the above pet. I assume responsibility for charges incurred in the care of this animal. I understand that these charges are due at the time services are rendered.

Signature _____ Date _____

Would you like to be called prior to extensive diagnostics **not checked above?** _____

Veterinary Tech:

Temp _____ Weight _____ Gained _____ Lost _____

Patient Behavior: BAR _____ QAR _____ Lethargic _____ Disoriented _____

Date of Last BW: _____

Results: _____