Hartland Cat Hospital
Where Cats Rule!!!

Technician Appointments

Cats Name _____ Cats Age_____ Owner _____ Phone _____
What treatment is being done?_____
How is Breathing/Sneezing?_____
How is Urination/Bowel Movements, has there been improvement_____
Medications taking currently _____ Last dose given? _____

Please Select Appropriate Choice:

Appetite: (NORMAL) (DECREASED) (INCREASED) (NOT EATING) How Long?_____
H2O intake: (NORMAL) (DECREASED) (INCREASED) (NOT DRINKING) How long? ____
Activity Level: (NORMAL) (VERY ACTIVE) (LETHARGIC) (MORE ACTIVE) (LESS ACTIVE)

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.

Sedation approval_____

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**_____

HCH Only:
Temp_____ Weight_____ Gained_____ Lost_____

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