Drop Off Information

Owner: _____ **Cat's Name:** _____ **Date:** _____

Today's Contact Numbers: _____/_____

Reason for Visit/ Other Concerns:

_____

_____

When Did Symptoms Begin? _____

Other Symptoms:

Limping- Which leg? _____ Cuts/ Skin Injuries- Where? _____

Bleeding- From where? _____ Lump/ Mass- Where? _____

Diet

Wet Food Brand: _____ Dry Food Brand: _____

Last time he/she has eaten? _____ How much? _____

Vomiting- Yes _____ or ***No _____?*** *If yes, please complete the following:*

Amount: _____

Contents: _____

Frequency: _____

Odor: _____

Color: _____

Urination-

Signs of straining: **Yes _____** / **No _____** / Unsure _____

Output: Normal _____/ Increased _____/ Decreased _____/Unsure _____

Frequency: Normal _____/ Increased _____/ Decreased _____/Unsure _____

Color: Normal _____/Unsure _____ Other: _____

Odor: Normal _____/Unsure _____ Other: _____

Always uses litter box? _____

Other locations? _____

Defecation-

Signs of straining: Yes _____ / No _____ / Unsure _____

Output: Normal _____/ Increased _____/ Decreased _____/Unsure _____

Frequency: Normal _____/ Increased _____/ Decreased _____/Unsure _____

Color: Normal _____/Unsure _____ Other: _____

Odor: Normal _____/Unsure _____ Other: _____

Always uses litter box? _____

Other locations? _____

Recent changes/ stresses in or near your home?

- o Moving
- o New additions to the household? (Babies, roommates, guests, animals)
- o Loss of people or pets in the household
- o Owners on vacation
- o New animals outdoor (even if cat only sees them)
- o Environmental changes (painting, new or moved furniture, remodeling, construction, etc....)
- o Changes in routine or schedule
- o Holiday changes
- o Family tension
- o Other:

_____

Current Medications:

None _____ (no current medications)

Name of Medication:	Times Per Day:	Last Given:

This cat lives: Indoor _____   Outdoor _____   Both _____   Deck/Patio _____

Total cats in the household? _____ Total dogs in the household? _____

Medication Preference:

Liquid _____ Pill _____ Chewable _____ Powder _____ No preference _____

Additional Services:

Nail Trim _____ Microchip _____ Flea Treatment- Brand? _____

Other _____

Permission to run lab work and/ or take x-rays: Yes _____   No _____

Cost for lab work and x-rays averages $485.00

Not including exam ($76.00) & drop off fee ($75.00)

Signature: _____Date: _____