Drop Off Information

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

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?

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

Permission to run lab work and/ or take x-rays:

Yes _____ No _____ Please call first _____

Cost for lab work and x-rays <u>averages</u> $552.00

Not including exam ($89.00) & drop off fee ($75.00)

Signature: _____ ***Date:*** _____