

PATIENT DROP-OFF INFORMATION SHEET

Owner Name: _____ **Patient Name:** _____ **Date:** _____

Thank you for taking the time to answer the following questions:

- 1) What is the reason for your cat's visit today? (If the reason involves a sore, injury or swelling, (be specific as to location) _____

- 2) Has your cat been vomiting? Yes ___ No ___ If yes, for how long and how often? _____

- 3) Has your cat had diarrhea? Yes ___ No ___ If yes, for how long? _____
Is there any blood or mucus present in the stools? Yes ___ No ___
- 4) Has your cat been sneezing? Yes ___ No ___
Has your cat been coughing? Yes ___ No ___
Is there nasal discharge? Yes ___ No ___ Eye discharge? Yes ___ No ___
If yes to any of the above, for how long? _____
- 5) Has your cat been drinking more water lately? Yes ___ No ___
If yes, for how long? _____
- 6) Has your cat's appetite increased? Yes ___ No ___ Decreased? Yes ___ No ___
If yes, for how long? _____
If decreased, how much is your cat eating/day? _____
- 7) Have you changed your cat's diet recently? Yes ___ No ___
If yes, what were the changes? _____
What are you presently feeding your cat? _____
- 8) Has your cat been lethargic? Yes ___ No ___ If yes, for how long? _____
- 9) Is this a follow-up appointment from a previous visit? Yes ___ No ___
If yes, has your cat improved since the last visit? (Please be specific)

- 10) Please initial **one** of the following options:
_____ I authorize any labwork, x-rays deemed necessary by the doctor..
_____ Please contact me before doing any labwork and/or x-rays. I understand that in
the event that I cannot be reached and the doctor feels it is an emergency, my
cat will be treated immediately.
- 11) It may be necessary to sedate your kitty for the above procedures and exam. I authorize sedation if
necessary to examine my cat. ___ (If your cat requires anesthesia and we cannot reach you, necessary
diagnostics/treatments for your cat's presenting problem will be performed)
- 12) Is there anything else we need to know for your cat's visit today? _____

- 13) I would like my cat's nails trimmed for a nominal fee. Yes ___ No ___
- 14) Telephone number at which I can be reached today: _____
- 15) Approximate time you plan to pick up your cat: _____
- 16) Email Address: _____
- 17) For Schedule II-IV drugs dispensed for more than 48 hours, Owner's Birthdate ___ / ___ / ___