

## 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 or 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) Is your cat urinating more (larger amount)? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, for how long? \_\_\_\_\_
- 7) 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? \_\_\_\_\_
- 8) Have you changed your cat's diet recently? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, what were the changes? \_\_\_\_\_  
Are you presently feeding your cat Dry food? Yes \_\_\_\_\_ No \_\_\_\_\_ Wet food? Yes \_\_\_\_\_ No \_\_\_\_\_  
What Brand(s) of food are you presently feeding your cat? \_\_\_\_\_
- 9) Has your cat been lethargic? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, for how long? \_\_\_\_\_
- 10) 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)  
\_\_\_\_\_
- 11) Please initial \*one\* of the following options:  
\_\_\_\_\_ I authorize any lab work, 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.
- 12) It may be necessary to sedate your kitty for the above procedures and exam.  
I authorize sedation if necessary to examine my cat. \_\_\_\_\_
- 13) Is there anything else we need to know for your cat's visit today? \_\_\_\_\_  
\_\_\_\_\_
- 14) Telephone number at which I can be reached today: \_\_\_\_\_
- 15) Approximate time you plan to pick up your cat: \_\_\_\_\_
- 16) Email Address: \_\_\_\_\_