

**PATIENT DROP-OFF INFORMATION**

Owner's Name \_\_\_\_\_ Patient \_\_\_\_\_

Problem or Procedure: \_\_\_\_\_

Annual Exam  
  Rabies  
  FVRCP  
  FELV  
  Fecal  
  Labwork  
  Wellness Labs

For a **problem**, please answer the following:

When did the problem start? \_\_\_\_\_  
 Is the problem getting worse, better, or staying the same? \_\_\_\_\_  
 Are other cats in the household showing the same signs? \_\_\_\_\_

For all **drop-offs**, please answer the following:

	No Change	Increase	Decrease
- change in appetite?	_____	_____	_____
- change in water intake?	_____	_____	_____
- change in urination?	_____	_____	_____
- change in defecation?	_____	_____	_____

- Other change in litter box habits? (specify) \_\_\_\_\_  
 - Other change in behavior? (specify) \_\_\_\_\_

What brand of food does your cat eat? Canned: \_\_\_\_\_ Dry: \_\_\_\_\_

Is your cat indoor, outdoor or both? \_\_\_\_\_

What type of flea/heartworm prevention are you using? \_\_\_\_\_

Other information that may be helpful: \_\_\_\_\_

***Treatment Plans will be provided.***

- Some problems may require more than a physical exam to determine the cause. May we perform necessary tests?                       Yes               CALL FIRST
- Once the cause is determined, may we begin treatment?                       Yes               CALL FIRST
- May we sedate your cat if necessary?                       Yes               CALL FIRST

We advise setting a dollar limit after which we will call for further guidance: \$ \_\_\_\_\_

**Phone number**(s) where you can be reached today:

1) \_\_\_\_\_ 2) \_\_\_\_\_ Or Email: \_\_\_\_\_

Owner/Agent Signature \_\_\_\_\_ Date \_\_\_\_\_

**If your cat has fleas, ticks or other parasites, he or she will be treated at your expense.**