

**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: \_\_\_\_\_

***ESTIMATES CAN BE PROVIDED ON REQUEST!***

- 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) \_\_\_\_\_      May we text you? Yes  No

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

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

## ANESTHETIC CONSENT FORM

**There may be minor surgery, but there is no such thing as minor anesthesia!**

**We use Sevoflurane anesthetic gas exclusively** when anesthetic gas is necessary. Sevoflurane is a state-of-the-art anesthetic gas that is used in 95% of human hospitals, including on neo-natal infants. Sevoflurane allows the doctor to better control the depth of anesthesia. It is gentler and less stressful for the cat when going to sleep and waking up than other anesthetic gasses generally used in veterinary hospitals.

**PRE-ANESTHETIC EXAM AND BLOOD TESTING:** There is always a risk associated with anesthesia, regardless of the procedure to be performed. Most, but not all of these risk factors can be determined by a complete physical examination and pre-anesthetic blood testing. We further reduce these risks by using only top quality anesthetic agents, continuous human and electronic monitoring and the use of IV fluids when appropriate.

**ANESTHETIC COST:** Each anesthetic procedure is designed specifically for your individual cat. The procedures and the agents used vary considerably depending on several variables, including the age and medical history of your cat and on the length and type of procedure being performed. The total cost may range from **\$49.00 to \$250 or more.**

**Please check your preference:**       **PILLS** or  **LIQUID**

If PAIN MEDICATION or ANTIBIOTICS are necessary, do you prefer Pills or Liquid? Pills are usually a little less expensive, but may be more difficult to administer. *Ask about "Pill Pockets"!*

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

**AUTHORIZATION: By signing below, you are verifying that:**

- I am the owner or agent for the owner of the above-described cat.
- I understand that during the performance of the ensuing procedure(s), unforeseen conditions may be revealed that necessitate an extension of the ensuing procedure(s) or different procedure(s) than those set forth above; therefore, I hereby authorize the performance of such procedure(s) as are necessary in the exercise of the veterinarian's professional judgment.

Signature of Owner/Agent: \_\_\_\_\_ Date: \_\_\_\_\_