



Drop-off Treatment Authorization

Pet Owner: _____

Date: _____

Cat: _____

Phone no. where we can reach you **today**: _____

Would you like us to call you with an estimate prior to treatment? Yes No

My cat is here today for:

Wellness Visit:

- Comprehensive physical examination
- Individualized vaccinations
- Deworming (if cat goes outside)
- Body Condition Score
- Flea Control (if needed)
- Nail Trim? Y N

NEW problem: _____

Brief history of problem: _____

Please note any changes in the following:

How Long?

Appetite	+	-	same	?	_____
Drinking	+	-	same	?	_____
Urination	+	-	same	?	_____
B. M.	+	-	same	?	_____
Activity	+	-	same	?	_____
Weight	+	-	same	?	_____
Vomiting	Y	N	?		_____
Coughing	Y	N	?		_____
Itching	Y	N	?		_____
Limping	L	R	Front	Back	_____

Current medications: _____

Recheck of **PREVIOUS** problem: _____



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Please don't let me leave here without:

Advantage

Heartgard

Food: _____

Refill: _____

Other: _____

We will have these ready for you when you pick up your cat.

Professional fees are to be paid at the time services are performed.

In admitting my pet for diagnostics, treatment or surgery, I authorize the veterinarians and support staff of The Cat Doctor, LLC to administer such treatment and/or perform such diagnostic or surgical procedures as deemed necessary. I agree to pay for the services in full at the time of patient discharge.

Pet Owner Signature: _____

Date: _____

We at The Cat Doctor appreciate and honor the trust you place in us – thank you for allowing us to be a part of your lives!

(Please print the form and bring it with you)