

Academy Animal Hospital

Dr. Mark Storey

Feline Drop-off Form

Date: _____

Office Use:

Owner: _____

Client ID _____

Cat's Name: _____

Treatment Date _____

If this form is not properly filled out, then all tests and procedures deemed appropriate by the Doctor will be performed at the owner's expense.

If you are bringing your cat in for his/her annual wellness examination and vaccination evaluation, we need to know the following:

- 1) How many cats currently live with you? _____
- 2) Is your cat strictly an indoor kitty or do they go outside? _____
- 3) If he/she stays indoors, do they have contact with a cat that goes outside? _____

All kittens and cats new to your household need to be tested for Feline Leukemia Virus and Feline Immunodeficiency Virus. We routinely test for these Viruses as recommended by the American Association of Feline Practitioners. Also, the Center for Disease Control recommends that these patients be dewormed and Fecal Examinations performed as some Intestinal Parasites of cats are contagious to people and can cause serious illness, so we follow those guidelines as well.

If you have brought your cat in for a health problem, please fill out the form below.

- 1) What is your cat's primary problem(s)? _____

- 2) How long has your cat had the problem? _____
- 3) Is the problem ___ Getting worse? ___ About the same? ___ Getting better?
- 4) Have you noticed any other problems? If so, please describe them _____

- 5) Has your cat been tested for Leukemia and Feline Immunodeficiency Viruses in the past year? ___ Yes ___ No

How is your cat's

Appetite? ___ Normal ___ Reduced ___ Not eating
Water Consumption? ___ Normal ___ Increased ___ Decreased
Activity Level? ___ Normal ___ Reduced ___ Very Reduced
Vomiting? ___ Yes ___ No
Bowel Movements? ___ Normal ___ Diarrhea ___ Constipated
Urination? ___ Normal ___ Increased ___ Decreased
Coughing? ___ Yes ___ No Sneezing? ___ Yes ___ No
Scratching? ___ Yes ___ No Location? _____

The following must be authorized or not authorized for all visits.

As with any medical condition, tests such as X-rays, blood tests or other diagnostic tests may be needed. If such tests are thought to be necessary by the Doctor, I

◆AUTHORIZE / DO NOT AUTHORIZE such tests to be performed.

Also, sometimes to perform tests or to treat your cat, sedation/anesthesia may be necessary. If sedation / anesthesia is thought to be necessary by the Doctor, I

◆AUTHORIZE / DO NOT AUTHORIZE the sedative/anesthetic usage.

Dollar limit on procedures (If applicable) _____

We appreciate your entrusting us with your cat's health care. Thank you.

Payment Policy

All fees are to be paid in full at the time that services are performed or upon your pet's discharge from the hospital. For your convenience, we accept cash, checks, MasterCard, Visa, and Discover Card.

Client Signature _____

Phone number where you can be reached _____

(If we are unable to reach you, the Doctor will proceed with what he feels is necessary.)