

Academy Animal Hospital

Dr. Michelle Cahill

Feline Drop-off Form

Date: _____

Office Use: _____

Owner: _____

Client ID _____

Dog's Name: _____

Treatment Date _____

If this form is not properly filled out, then all tests and procedure 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 Constipation
Urination? Normal Increased Decreased
Coughing? Yes No Sneezing? Yes No
Scratching? Yes No Location? _____

PLEASE CHECK IF YOU AUTHORIZE OR DO NOT AUTHORIZE

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) _____

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 _____

Email for vaccine reminders _____

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