

DROP OFF FORM

For Office Use	
Doctor:	_____
Fasted?	<input type="checkbox"/> Y <input type="checkbox"/> N
AM dose given	<input type="checkbox"/> Y <input type="checkbox"/> N
Refill	<input type="checkbox"/> Y <input type="checkbox"/> N
Prefers: Liquid / Pills	_____

Pet's Name: _____ Owner: _____





Type of Food: _____ Canned Dry

Medications: _____

Please Indicate Reason for Visit:

BOARDING	Leaving items with pet? <input type="checkbox"/> No <input type="checkbox"/> Yes - Please list: _____ Staying until: _____ Special Instructions: _____
GROOMING	All cats being groomed must be current on vaccines and will be ready after 4:00pm. <input type="checkbox"/> Lion Cut <i>with</i> Bath <input type="checkbox"/> Lion Cut <i>without</i> Bath <input type="checkbox"/> Abdomen Shave <input type="checkbox"/> Sani-Trim <input type="checkbox"/> Bath & Brush Out <input type="checkbox"/> Matt Removal Other _____
EXAM	<input type="checkbox"/> Indoor only <input type="checkbox"/> Screened porch <input type="checkbox"/> Complete/unrestricted outdoor access Is your pet currently on a flea preventative? <input type="checkbox"/> No <input type="checkbox"/> Yes - What brand? _____ How long has your cat been showing symptoms? _____ <input type="checkbox"/> Constipated <input type="checkbox"/> Coughing <input type="checkbox"/> Diarrhea <input type="checkbox"/> Eye Discharge <input type="checkbox"/> Itching/Scratching <input type="checkbox"/> Not eating <input type="checkbox"/> Urine Issue <input type="checkbox"/> Vomiting <input type="checkbox"/> Wound Other _____
RECHECK	What are we rechecking today? _____ Have you seen improvement? <input type="checkbox"/> YES <input type="checkbox"/> NO Please Describe _____
SURGERY	<input type="checkbox"/> Spay / Neuter <input type="checkbox"/> Dentistry <input type="checkbox"/> Declaw- Front only <input type="checkbox"/> Declaw-Front/Rear <input type="checkbox"/> Ear Flush <input type="checkbox"/> Senior Dentistry Other _____
OTHER	Please Describe: _____ _____

Please Initial All That Apply:

May we perform labwork?	NO _____ Call first _____ If yes, up to \$ _____
May we perform X-rays?	NO _____ Call first _____ If yes, up to \$ _____
If necessary, may we sedate your pet?	YES _____ NO _____
<input type="checkbox"/> Please call for authorization if care exceeds \$ _____.	
In order to establish optimal relations with our clients and avoid misunderstandings regarding payment policies, please note the financial policy of this office. Payment is expected at the time medical services are rendered. By signing below, I hereby consent and authorize The Cat Hospital of Orlando to treat and/or prescribe for the above named cat. I also agree to pay for all charges at the time I pick up my pet.	
   	
Please list the names of other individuals you authorize as a contact. If none are listed, you will be the only person we will contact, release information, or discharge your cat to. _____	

➔ PRIMARY PHONE _____ ALTERNATE PHONE _____

➔ OWNER'S SIGNATURE _____ DATE _____

facebook May we post pictures of your pet on our Facebook page? YES _____ NO _____

AUTHORIZATION FOR SEDATION / ANESTHESIA

Procedure: _____

I, the undersigned owner or agent of the owner of the pet identified above, certify that I AM _____ I AM NOT _____ (check one) eighteen years of age or over and authorize the veterinarian(s) at The Cat Hospital of Orlando to perform the above procedure(s). I understand that some risk always exists with anesthesia and/or surgery and that I am encouraged to discuss any concerns I have about those risks with the attending veterinarian before the procedure(s) is/are initiated. My signature on this form indicates that any questions I have regarding the following issues have been answered to my satisfaction.

While I accept that all procedures will be performed to the best of the abilities of the staff at this hospital, I understand that no guarantee or warranty has been made regarding the results that may be achieved.

I agree to assume financial responsibility for the procedure(s), and provide payment via cash, check, or credit card at the time my pet is discharged from the hospital. Should unexpected life-saving emergency care be required the staff HAS _____ DOES NOT HAVE _____ (check one) my permission to provide such treatment. I understand that it is my responsibility to pay for additional cost and that charges for emergency care can vary but average an additional \$100-\$300.

I have read and fully understand the terms and conditions set forth above.

Signature of Owner or Agent of Owner

Date

BOARDING RELEASE

All cats must be current on vaccines for grooming and boarding

Please Initial Where Indicated

In order to prevent upper respiratory virus throughout the hospital, The Cat Hospital of Orlando requires that all cats have received an intranasal respiratory vaccine (RHINOTRACHEITIS, CALICI VIRUS) within the last six (6) months prior to admission. If needed, your animal(s) will receive this vaccine booster at an additional cost.

INITIAL _____

In addition, The Cat Hospital of Orlando requires that all boarders receive a bath upon entry for boarding. These measures are taken for the health of your animal as well as other patients in the hospital. Please inquire as to the cost of bathing your particular cat prior to acceptance.

INITIAL _____

Permission to sedate for bath, if necessary? YES _____ NO _____

In the event of an emergency, or in the event my cat becomes ill while boarding at The Cat Hospital of Orlando, I hereby give my authorization to treat and administer necessary medical care.

INITIAL _____

Signature of Owner or Agent of Owner

Date