

Client Drop Off Form

We cannot accept your pet(s) until this form is fully completed.

In order to make sure your pet is properly taken care of, please answer this questionnaire completely and to the best of your knowledge.

Pet's name (s): _____

Owner's last name: _____ **Date:** _____

Please check as many as apply.

Reason for visit: bath _____ ill _____ vaccinations _____ ear/skin problem _____ x-rays _____
Blood work _____ other _____

If ill: vomiting ____ x ____ days, diarrhea _____ not eating/drinking _____ coughing _____
sneezing _____ lameness _____ which leg _____ other _____ describe _____

How long has your cat been showing symptoms? _____

If your cat is on any medications or special foods please list and give dosages. _____

Any recent change if diet? Yes ____ No ____ If yes, please describe : _____

Please Initial All That Apply: **Permission to perform lab work** _____

Permission to sedate if necessary _____ **Permission to perform x-rays** _____

Perform lab/x-rays, not to exceed \$ _____ **Estimate requested:** _____

ALL CATS MUST BE CURRENT ON VACCINES FOR GROOMING & BOARDING

In order to establish optimal relations with our clients and avoid misunderstanding regarding our payment policies, please note the financial policy of this office. **Payment is expected from you at the time medical services are rendered. We gladly accept Visa, MasterCard, Discover, and American Express for your convenience. By signing below, I hereby consent and authorize The Cat Hospital of Orlando, to treat and/or prescribe for the above name cat. I also agree to pay for all charges at the time I pick up my pet.**

Signature of Owner

VERY IMPORTANT!! We must have a phone number in which to reach you at today.

Home: _____ Work: _____ Mobile: _____

Have you previously met with one of our doctors? Yes No