

ADMISSION 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

Is your cat on any medications? Y N If so, please see other side:

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"/> Ear Flush Other _____
OTHER	Please Describe: _____ _____

Please Initial All That Apply:

May we perform labwork?	YES _____	NO _____	Call first _____	If yes, up to \$ _____
May we perform X-rays?	YES _____	NO _____	Call first _____	If yes, up to \$ _____
If necessary, may we sedate your pet?	YES _____	NO _____		

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.** We accept:
- 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 _____



May we post pictures of your pet on our Facebook pag YES _____ NO _____

MEDICATIONS

Name of Med: _____ Dosage: _____ When: AM/PM/BOTH Last Given: _____

Name of Med: _____ Dosage: _____ When: AM/PM/BOTH Last Given: _____

Name of Med: _____ Dosage: _____ When: AM/PM/BOTH Last Given: _____

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** _____ **(initial 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 and the hospital staff is unable to reach me, the staff **HAS** _____ **DOES NOT HAVE** _____ **(initial one)** my permission to provide such treatment and I agree to pay for such services.

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. Vaccine may cause sneezing approximately 1 week after inoculation. If your cat has a decreased appetite or presents for inappetance while in our care, he/she will receive an appetite stimulant. (additional charges apply)

INITIAL _____

In the event of a cardiopulmonary arrest (loss of normal heartbeat and breathing), I understand that I will be called to discuss options for my pet's care. Until I can be reached, I authorize the following (initial one):

_____ **YES** – cardiopulmonary resuscitation (CPR) as deemed necessary by the doctor (additional charges apply)

_____ **NO** – Resuscitation efforts should NOT be made (DNR – Do Not Resuscitate)

Signature of Owner or Agent of Owner

Date