

Client Name:

Appointment Date:

Time:

Cat Name(s):

Vehicle make and color at visit:

Phone Number at visit:

Indoor ONLY / Outdoors / Both -- please explain IF out on harness/leash, porch, etc:

Reason(s) for visit: **Please highlight, check & / or circle problem if multiple ones are listed**

- Well Visit If any problems choose below and describe
Recheck Visit Please list what we are rechecking
Sick Visit Choose a problem from below (or add one) and describe
Tech Visit If here for labs, indicate any medications (dose and strength & last treatment) below
Boarding If any problems choose below and describe. Include dates of Boarding and indicate any medications or special diet(s) below

Behavior Changes Ears Eyes Vomiting/Diarrhea/Constipation
Lameness Litter Box Issues Eating/Drinking Weight Loss/Gain

Please describe **problem** or **reason for recheck exam** including when first noticed if any treatments have been tried, and if it is improving:

Please list any **medication(s)** including dose, strength and **last time administered**:
(Please be sure to include any flea / tick meds, nutritional supplements, etc)

Please list all **diets** (Brand, can/dry) and treats fed, include how often, and **when last fed**:

Do you give permission for diagnostics (such as bloodwork, urinalysis, or X-Rays?) recommended by the veterinarian? NO YES

Do you give permission to update vaccines, trim nails, deworm? NO YES

Do you need a treatment plan (estimate) for diagnostics or treatment prior to speaking with DVM? NO YES

Do you need to purchase / pick up food or prescriptions while at Cat Care? if so please list below
NO YES