

Client Name:

Cat Name(s):

Vehicle make and color at visit:

Phone Number at visit:

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

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

- Well Visit If any problems choose below and describe.
- Sick Visit Choose a problem from below (or add one) and describe.
- Tech Visit If here for labs, indicate any medications (dose, 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
- Litter Box Issues Lameness Eating/Drinking Weight Loss/Gain

Please describe problem including when first noticed, if any treatments have been tried, and if it is improving:

Please list any **medication(s)**: Please be sure to include any flea / tick meds, nutritional supplements, etc.

Medication: _____ Dose: _____ Last Given: _____

Medication: _____ Dose: _____ Last Given: _____

Medication: _____ Dose: _____ Last Given: _____

Please list all **foods**:

When last fed (or is cat fasted?): _____

Brand (including treats): _____ Can and/or dry: _____

How much: _____ How often: _____

- Do you give permission for diagnostics (such as bloodwork, urinalysis, or X-Rays?) recommended by the veterinarian? NO YES
- Do you give permission to vaccinate? NO YES Is it okay to deworm if needed? NO YES
- Do you give permission to trim nails? 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

Exposure to COVID? NO YES

Appointment Date:

Time:

Scanned to Chart (OFFICE USE ONLY)