

Owner Name: _____

Cat's Name: _____

Phone # _____

Appointment Date: _____

Vehicle Make & color: _____

Appointment Time: _____

Reason(s) for visit:

Is your cat: (circle one)

Indoor Outdoor Both

Please explain (walks on leash, covered porch, roams free, etc):

Please describe any problems and the duration below:

Eyes: _____

Ears: _____

Lameness: _____

Behavioral changes: _____

Litterbox issues: _____

Eating/drinking issues: _____

Vomiting/Diarrhea/Constipation: _____

Weight loss/gain: _____

Other: _____

Please list **any medications** (prescription or non-prescription) or **treatments** your cat is currently taking:

List all medications and supplements: (Please include flea/tick medication, probiotics, nutritional supplements, etc:

Medication name & strength	Dosing instructions	Last given

Diet: (please list all foods, including treats)

Brand of food	Can or dry?	How much?	How often?

Do you give permission for diagnostics (x-rays, bloodwork, etc.) recommended by the veterinarian? Yes No

Do you give permission to vaccinate? Yes No Is it ok to deworm if needed? Yes No

Do you give permission to trim nails? Yes No

Do you need an estimate for diagnostics or treatments, prior to speaking to DVM? Yes No

Do you need to purchase or pick up food or prescriptions or supplies while at Cat Care? Yes No

Please list what we can get you today: _____