

Owner Name: \_\_\_\_\_

Cat's Name: \_\_\_\_\_

Phone # \_\_\_\_\_

Appointment Date: \_\_\_\_\_

Vehicle Make & color: \_\_\_\_\_

Appointment Time: \_\_\_\_\_

**Reason(s) for visit:**

- Nail trim
- Bloodwork
- Vaccine(s)
- Soft paws application
- Blood glucose check / blood ketone level
- Application of blood glucose monitor
- Urinalysis
- Solensia injection
- Convenia injection
- Subcutaneous fluids
- Administer medication
- Demonstration

Is your cat: (circle one)

Indoor          Outdoor          Both

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you need a treatment plan or estimate **FIRST**?     Yes, please           No, thank you

**Grooming:** Please describe preferences / expectation of groom:

- Body clip:     Leave mane     close to cheeks     round face     Leave entire tail     Pom-pomtail
- Potty path:     Feathers only     "Baboon butt"/chaps(down to skin)
- Comb mats
- Clip ventrum/belly

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

Medication name & strength	Dosing instructions	Last given

Diet: (please list all foods, including treats, EVEN IF FASTED)

When was cat last fed? \_\_\_\_\_

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

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

Please list what we can get you today: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_