

**DANCING CATS FELINE HEALTH CENTER
FELINE DROP OFF RECORD**

Client's Name: _____

Pet's Name: _____

Male **Female** **Neutered** **Spayed**

Date of Birth: _____

Breed: _____

Color: _____

What foods is your cat used to eating? _____

We have arranged for you to leave your pet here, to allow a doctor at Dancing Cats Feline Health Center to examine your pet as soon as possible today. Please read through the following questions, and answer any that may apply to your pet today. Please read and sign the authorization on the back of this form.

This is a **chronic problem** with my cat and the records at Dancing Cats Feline Health Center have all the details. Y N (If yes, please go to the back page and sign the authorization).

My cat is being presented for a recent (circle one) Injury Illness

When did this injury occur or illness begin?

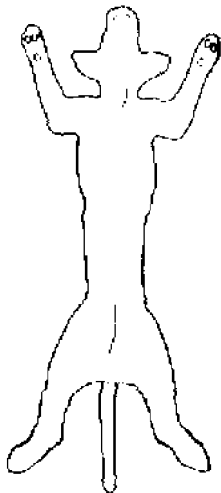
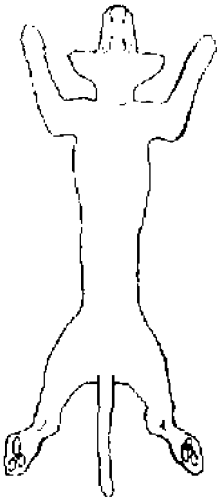
_____.

Please describe your concerns:

Has this condition worsened___ or improved___ or remains the same___?

Please circle the area of the body you think is the problem if pertinent.

Left (Back) Right Right (Belly) Left COMMENTS:



Has your pet been seen by another veterinarian for this condition? Yes No

If so, please describe previous and/or current treatments and medications:

May we call for records? Yes No **If Yes, name of clinic:** _____

OVER

Are your cat's vaccinations up to date? Yes No

Has your cat been tested for feline leukemia or feline aids? Yes No

If Yes, Date: _____ Results: negative positive

I would like the following services to be performed on my cat today (circle all that apply):

Vaccinations (please provide vaccine history): FVRCP Rabies Feline Leukemia
Deworm FeLV/FIV/HW Test Microchip placement Nail Trim

Has your pet been exposed to any of the following items in the last 48 hours?

Medications ___ Toxins ___ Lillies ___ Fertilizer ___ Birds ___ Mice ___ Cats ___ Dogs ___

Describe: _____

AUTHORIZATION FOR EXAMINATION AND TREATMENT

I am the owner/agent for described animal. I hereby authorize and request an examination be performed on my pet. I understand that sedation and/or pain medication will be provided if deemed reasonable. I understand Dr. Larsen will contact me after she has examined my pet to discuss recommended diagnostics and treatment. An initial estimate of charges will be provided. No diagnostics or treatments will be provided prior to contacting me unless authorized below. I can be reached at _____.

In the event that I am unavailable, the following person has authority to make medical decisions involving my cat: Name _____ Phone# _____ Relationship _____

If I or my authorized agent cannot be reached at the numbers indicated above, I authorize and request the following steps be taken (there are two options below, initial all that apply):

OPTION 1:

___ Initial diagnostics only including blood work, urinalysis, and radiographs.

___ Initial treatment including the placement of an intravenous catheter, intravenous or subcutaneous fluid support, injections, medications, pain relief, and any other supportive care the veterinarian deems necessary for the well-being of my cat.

___ Sedation, anesthesia, and surgery as deemed necessary by the veterinarian to treat abscesses, lacerations, wounds, or injuries for which my cat was presented or as noted on physical examination. I understand and accept that when anesthesia is involved, there are always inherent risks, including but not limited to stroke, blindness, and/or death.

OPTION 2:

___ I request that no medical treatment or surgery be performed unless I am contacted prior to initiating the same. I hold Dancing Cats Feline Health Center and its agent(s) free from any and all repercussions as a result of withholding medical treatment of my cat.

I understand payment is due when my pet is discharged, however, a deposit may be required after an estimate is prepared and discussed. I accept financial responsibility for all charges incurred for this pet.

Signature: _____ Date: _____, 2010 Rev: 2-10