



# Island Cats Veterinary Hospital Patient Drop Off / Consent Form

Patient Name: \_\_\_\_\_ Client Name: \_\_\_\_\_ Date: \_\_\_\_\_

I hereby certify that I am the owner of this cat or am responsible for him/her and have the authority to execute this consent. I hereby authorize the performance of the following procedure(s):

\_\_\_\_\_  
\_\_\_\_\_

### Patient History

Medications (include strength/frequency of dose: Time/date last given:

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

Can you successfully medicate/treat your cat?

YES  NO  SOMEWHAT  NOT ON MEDS

My cat last ate at (date/time): \_\_\_\_\_

My Cat eats: WET  DRY  BOTH  Food Brand Name/Type: \_\_\_\_\_

### Is your cat experiencing (check all that apply):

- Coughing YES  NO  UNKNOWN
- Sneezing YES  NO  UNKNOWN
- Vomiting YES  NO  UNKNOWN
- Diarrhea YES  NO  UNKNOWN
- Trouble jumping YES  NO  UNKNOWN
- Itchy/Scratching YES  NO  UNKNOWN
- Pain/Wound YES  NO  UNKNOWN

### Has your cat experienced any changes in (check all that apply):

- Appetite INCREASED  DECREASED  NO CHANGE
- Drinking INCREASED  DECREASED  NO CHANGE
- Activity INCREASED  DECREASED  NO CHANGE
- Litterbox Habits INCREASED  DECREASED  NO CHANGE
- Urination INCREASED  DECREASED  NO CHANGE
- Defecation INCREASED  DECREASED  NO CHANGE

### VACCINE DUE DATES:

In order to protect your cat, current FVRCP (distemper) and Rabies vaccines are required in order to stay in the hospital. Vaccine administration may not be advisable in conjunction with some illnesses or treatments. In such circumstances, the vaccines will be discussed with you and administered at the doctor's discretion.

FVRCP \_\_\_\_\_ Rabies \_\_\_\_\_ FeLV \_\_\_\_\_

I understand that my cat will be vaccinated today pending the dr.'s recommendation for my cat's health and lifestyle.

MY CAT IS:  INDOOR  OUTDOOR  BOTH

If your cat has flea debris or live fleas upon checking in to Island Cats, we will treat your cat with a single dose of flea treatment which will be invoiced with today's services.

I understand that Island Cats will make all reasonable effort to call me if services outside those listed above are necessary. If we are unable to reach you by phone in a timely manner, we will begin diagnostics at the doctor's discretion. I agree to indemnify and hold Island Cats harmless from and against any and all liability arising out of the performance of any of the procedures referred to above.

Signature \_\_\_\_\_

Primary Contact (Phone or Email) \_\_\_\_\_

Printed Name \_\_\_\_\_

Secondary Contact \_\_\_\_\_

**PAYMENT IN FULL IS EXPECTED WHEN YOUR CAT IS PICKED UP, UNLESS PRIOR ARRANGEMENTS HAVE BEEN MADE.**