

Feline Medical Center, Inc.

Patient Drop-Off Form

We recommend service that results in a personal face to face relationship between the veterinarian and the client, however we realize that schedules can not always accommodate this preferred situation. With this in mind we offer our drop-off service.

Owner's Name \_\_\_\_\_ Cat's Name \_\_\_\_\_

Phone number(s) where you can be reached today \_\_\_\_\_  
(IT IS EXTREMELY IMPORTANT THAT WE BE ABLE TO REACH YOU)

Indoor Only     Indoor/Out with 100% supervision     In/Out     Outdoor Only

My cat is here for a physical exam and vaccinations     FVRCP     Rabies     FeLV

Is your cat having any problems with the following?

	No	Yes	If yes, when was it first noticed? Frequency? Other
Coughing	<input type="checkbox"/>	<input type="checkbox"/>	_____
Sneezing	<input type="checkbox"/>	<input type="checkbox"/>	_____
Vomiting	<input type="checkbox"/>	<input type="checkbox"/>	_____
Diarrhea	<input type="checkbox"/>	<input type="checkbox"/>	_____
Increased drinking	<input type="checkbox"/>	<input type="checkbox"/>	_____
Change in urination	<input type="checkbox"/>	<input type="checkbox"/>	_____
Change in eating habits	<input type="checkbox"/>	<input type="checkbox"/>	_____
Activity level	<input type="checkbox"/>	<input type="checkbox"/>	_____
Lameness	<input type="checkbox"/>	<input type="checkbox"/>	_____
Wounds (location?)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Lumps (location?)	<input type="checkbox"/>	<input type="checkbox"/>	_____

Any other problems? If additional space is necessary please use the back of this page.

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

My cat is on these medications \_\_\_\_\_ Last given? \_\_\_\_\_

My cat eats this type of food: Brand \_\_\_\_\_ Dry  Canned  Amount per day \_\_\_\_\_

You will be charged an exam fee of \$64 and a day boarding charge of \$13 may be applicable. To effectively diagnose and treat many medical problems, radiographs, blood tests and other procedures may need to be done. Please indicate below the expense range (in addition to the exam and boarding charge) you authorize for the treatment of your cat without calling first.

0 – \$100     \$100 - \$200     \$200 - \$300     up to \_\_\_\_\_

I wish to be called prior to any further services with an estimate.

Signature \_\_\_\_\_ Date \_\_\_\_\_