



cat
hospital
of
Coppell

Loving Care for Purrfect Pets

Please, review client and patient information for accuracy:

Date: _____

Appointment Time: _____

Services we have identified as due: _____

Reason for Today's Visit: _____

Please check the boxes that best indicate your cat's current condition:

- Appetite is: Normal Up Down
- Water Intake: Normal Up Down
- Bowels: Normal Diarrhea Constipation
- Urination: Normal Up Down
- Inappropriate Eliminations: Urine Feces
- Vomiting / Gagging: Yes
- Sneeze / Cough: Yes
- Scratching / Chewing: Yes
- Hair Loss: Yes
- Limping: Yes
- Eyes: Normal Right Left Both
- Ears: Normal Right Left Both
- Lethargic: Yes

Circle the one that best describes your cat: indoor only / indoor mostly / outdoor only

What brand of food do you feed at home? _____ wet / dry

Is your cat on any medications? Yes / No

Is your cat microchipped? Yes / No

Would you like us to do that for you today? Yes / No

Do you need flea or heartworm prevention products today? Yes / No

I authorize the doctor and staff at the Cat Hospital of Coppell to perform such diagnostic, anesthetic, surgical, or medical treatment procedures as may be advisable and necessary for the health of my pet. I understand that during performance of the procedure or operation, unforeseen conditions may necessitate an extension of the procedure, or a different procedure, and authorize this extension based on the veterinarian's professional judgment. I understand these procedures involve risk and that the outcome cannot be guaranteed. Pain management will be available

I agree to pay today, in full, for all services rendered for and to my pet, including those deemed necessary for any unforeseen complications.

Owner/ Agent (print): _____

Owner / Agent (sign): _____ Date: _____