



Check in Date: _____

Check out Date: _____

Boarding: _____ Day _____ Regular _____ Meds _____ Diabetic _____ Meds/Diab

In order for us to take the best possible care of you today, please read and fill out this form. When you have finished, please sign and give it to the nurse in the examination room. Thank you!

.....
Please review our client and patient information for accuracy:

.....
Services Requested By Owner: _____

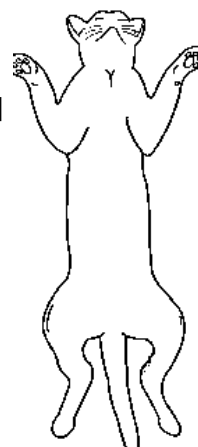
Emergency Contact Information: If you can be contacted while we are caring for your cat(s), please list a phone number. If you have a friend or relative that we may contact in your place, please let us know their contact number.

Your contact number(s): _____

Other contact number(s): _____

Please answer the following questions:

- | | | | |
|-----------------------------|------------|--------------|------------------|
| 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 [] | | |
| Lethargic: | Yes [] | | |
| Eyes: | Right [] | Left [] | Both [] |
| Ears: | Right [] | Left [] | Both [] |
| Scratching / Chewing: | Yes [] | | |
| Hair Loss: | Yes [] | | |
| Limping: | Yes [] | | |



Please circle one: Indoor / Outdoor / Both

Services we have identified as due: _____

What food do you feed at home? _____ Wet / Dry

Did you bring food for you cat while boarding? _____

Is your cat currently taking medication(s)? _____ No _____ Yes

• If YES please complete the following information:

Medication: _____ Dosage: _____ Time of Day Given: _____ Given Today? _____

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If your cat is Diabetic, please answer the following:

What type of insulin do you use? Humulin N [] L [] PZI [] Other: _____

Times of day you give insulin? _____ How many units given? _____

When did your cat receive its last dose of insulin? _____

Do you need any prescriptions refilled today? If yes, please list below:

Name	Dosage	Qty

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

Is your cat Microchipped? _____ If NOT – would you like us to do that today? _____



Vaccinations: For the safety of all cats in our charge we require our patients be current on Rabies, Feline Distemper, and Feline Leukemia vaccinations. In the absence of written or oral verification of vaccinations and if your pet is not seriously ill, the Cat Hospital will provide any needed vaccinations at the prevailing vaccination rate.

Parasite Control: All patients will be inspected for fleas at the time of check-in. If fleas are present, a **CAPSTAR** tablet will be given at the expense of the owner.



I authorize the doctor and staff at the Cat Hospital of Las Colinas to perform such diagnostic, anesthetic, surgical or medical treatment procedures as my be advisable and necessary for the health of my pet. I understand that during the performance for 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 to your cat, as we feel this is a vital part of our responsibility to your cat.

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

Owner/Agent: _____ Date: _____

Owner/Agent Name (print): _____