

Drop Off Pre-Exam Questionnaire

Date: _____

Owner: _____ Patient: _____

Please answer all questions to the best of your knowledge.

Have you changed residences/contact information since we last saw your cat? Y N

Where does your cat stay?

- Indoor
- Outdoor
- Indoor/Outdoor
- Indoor with supervised outside time only
- Escapes (rarely/ occasionally/often)

Diet:

Wet Food

- Brand: _____
- How much? _____
 - (ex 1 can, free feed)

Dry Food:

- Brand: _____
- How much? _____
 - (ex 1/2 cup, free feed)

Medications (name, strength, how often)

If more than 2 use back of paper

1. _____
2. _____

Attitude

- Normal
- Quiet/Withdrawn
- Loud
- Depressed
- Anxious
- Lethargic
 - How Long? _____

Appetite

Decreased/Normal/Increased/Unsure
How long? _____

Water Intake

Decreased/Normal/Increased/Unsure
How Long? _____

Litterbox

Goes in the box? _____

Is the box covered? _____

How many boxes available? _____

what type of litter?

Clay/Clumping/Unscented/Scented

Urine Changes? _____

Have you noticed?

Sneezing/Coughing? Y N

How Long? _____

Eye/Nose Discharge? Y N

how long? _____

Vomiting? Y N

When did it start? _____

How Often? _____

Describe: _____
(ex, chunky, foamy, bloody)

Diarrhea? Y N

How Long? _____

Color? _____

Watery/soft but formed/formed?

• Does it contain anything abnormal? Y N

Straining to defecate? Y N

Hard stool? Y N

Is your cat on Flea/Heartworm Prevention? Yes No

 If yes what brand? _____ last given: _____

Any other changes?

Additional questions or concerns?

Consent for Anesthesia

In the event that we are unable to examine your cat awake, we will be recommending anesthesia in order to perform a thorough examination with the least amount of stress possible. Because of his/her agitated state, we won't be able to perform any pre-anesthetic screening. However, we feel that the risks presented by a short time under anesthesia are far outweighed by the risks of forgoing a thorough physical examination. This would add approximately \$50 to your treatment plan.

PLEASE READ BEFORE SIGNING

BY MY SIGNATURE BELOW, I AM AGREEING TO THE ADMINISTRATION OF ANESTHESIA FOR THE PURPOSE OF A THOROUGH EXAMINATION ON _____ (NAME OF CAT) AND AFIRM THAT I AM THE PRIMARY OWNER OF THIS CAT AND OVER THE AGE OF 18

Owner's Signature

Date

Please be aware that by dropping off for an exam we will work your cat in when possible and we cannot guarantee a time frame. We will contact you as soon as we can with updates and or questions.

Please Initial _____

Our treatment plans that are put together at drop off may not include everything that the Dr. is recommending.

_____ please do what is needed

_____ Please call with anything additional my cat may need Phone # _____