



## Drop-off Information

Date \_\_\_\_\_

(Please make sure that you have called ahead to arrange an appropriate drop-off time)

Client Name \_\_\_\_\_ Patient Name \_\_\_\_\_

Telephone number where you can be reached today \_\_\_\_\_

Reason for today's visit \_\_\_\_\_

Please describe the events leading up to today's visit including time of onset and duration of symptoms \_\_\_\_\_

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

When was your cat's last meal ? \_\_\_\_\_

What type of food does your cat eat? \_\_\_\_\_

Please list any medications your cat is taking...

MEDICATION	AMOUNT GIVEN	TIME GIVEN
1.		
2.		
3.		
4.		

Has your cat been seen by the Cat Clinic before? YES \_\_\_ NO \_\_\_

(Please fill out a New Client Questionnaire and arrange for previous medical history to be provided to the clinic if you or your cat are new to the Cat Clinic of Plymouth)

Check one:

- Please perform appropriate diagnostics and treatments after examination of my cat.
- Please call the above number to inform me of examination findings and provide an estimate of diagnostics and treatments.
- Please update my cat's vaccinations if needed.

In admitting my cat to the Cat Clinic of Plymouth, I authorize the veterinarian and their support staff to administer treatments and/or perform diagnostic or surgical procedures as deemed necessary. I understand that all fees incurred are to be paid at the time of service.

Signature of Owner or Agent of Owner: \_\_\_\_\_

Printed Name of Above \_\_\_\_\_

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