

All Cats Hospital, P.A.
Release Form – **ROUTINE VISIT**

Cat's Name: _____

Age: _____

Client's Name: _____

Date _____

PLEASE INDICATE WHICH NUMBER(S) WE SHOULD USE TO CONTACT YOU TODAY:

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Other Phone Number: _____

1. Cat's Diet: Brand: _____ CANNED DRY BOTH

2. Is your cat: INDOORS OUTDOORS BOTH

If your cat goes outdoors or is exposed to an outdoor cat, a feline leukemia and feline immunodeficiency test is recommended yearly. Would you like your cat to have this test today? YES NO

3. Reason for Visit: _____

Additional services requested: _____

(Please ask for an estimate for cost of additional services)

4. Has your cat ever become ill following vaccinations? YES NO

5. Is your cat on flea or heartworm prevention? YES NO

If so, what type? Revolution Advantage Frontline

Was flea prevention applied within the last 30 days? YES NO

If your cat has evidence of fleas, they **will be treated at your expense** in order to maintain a flea-free hospital.

6. When did your cat last eat? _____

If your kitty is undergoing anesthesia/sedation, it is VITAL that we know if they have eaten today to prevent life-threatening complications.

7. If medication is necessary, which do you prefer? Pills Liquid Either

8. I, the undersigned owner or authorized agent, hereby consent and authorize All Cats Hospital, P.A., its veterinarians and agents to receive, prescribe for, board, or operate upon my cat. I understand that no guarantee has been made except reasonable precautions against injury, escape, or illness. I authorize All Cats Hospital, P.A. to remove my cat(s) from the premises if weather or building conditions warrant it best for them.

If someone other than yourself will be picking up, please indicate: _____

Print name of owner or agent: _____

Signature of owner or agent: _____