



# Treatment Authorization

Pet Owner: \_\_\_\_\_

Date: \_\_\_\_\_

Cat: \_\_\_\_\_

Phone no. where we can reach you **today**: \_\_\_\_\_

Would you like us to call you with an estimate prior to treatment?      Yes      No

My cat is here today for:

Wellness Visit:

- Comprehensive physical examination
- Individualized vaccinations
- Deworming (if cat goes outside)
- Body Condition Score
- Flea Control (if needed)
- Nail Trim?    Y    N

**NEW** problem: \_\_\_\_\_

Brief history of problem: \_\_\_\_\_

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

Please note any changes in the following:

How Long?

Appetite	+	-	same	?	_____
Drinking	+	-	same	?	_____
Urination	+	-	same	?	_____
B. M.	+	-	same	?	_____
Activity	+	-	same	?	_____
Weight	+	-	same	?	_____
Vomiting	Y	N	?		_____
Coughing	Y	N	?		_____
Itching	Y	N	?		_____
Limping	L	R	Front	Back	_____

Current medications: \_\_\_\_\_

Recheck of **PREVIOUS** problem: \_\_\_\_\_

\_\_\_\_\_



## Drop-off Authorization, pg.2

---

Please don't let me leave here without:

Advantage

Heartgard

Food: \_\_\_\_\_

Refill: \_\_\_\_\_

Other: \_\_\_\_\_

We will have these ready for you when you pick up your cat.

---

### **Professional fees are to be paid at the time services are performed.**

In admitting my pet for diagnostics, treatment or surgery, I authorize the veterinarians and support staff of The Cat Doctor, LLC to administer such treatment and/or perform such diagnostic or surgical procedures as deemed necessary. I agree to pay for the services in full at the time of patient discharge.

Pet Owner Signature: \_\_\_\_\_

Date: \_\_\_\_\_

---

We at The Cat Doctor appreciate and honor the trust you place in us – thank you for allowing us to be a part of your lives!

(Please print the form and bring it with you)