

## Veterinary Hospital Admission Form

Owner's Name Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

Cat's Name \_\_\_\_\_

Our goal is to provide your cat with the best care possible. Please provide us with ONE phone number where you can be reached and the best time to call.

Phone Number \_\_\_\_\_ Best time to call \_\_\_\_\_

Alternate Number \_\_\_\_\_ (only if necessary, please)

Please let us know the reason for your visit today:

How long have the above described symptoms (if any) been going on?

### Please answer a few questions about your cat's recent activity:

Does your cat go outside unsupervised? Yes  No

Is your cat on any medication? Yes  No  If yes, please list medications:

When was your cat last fed?

Appetite: Normal  Increased  Decreased  Unchanged

Drinking: Normal  Increased  Decreased  Unchanged

Urination: Normal  Abnormal  Please describe:

Stool: Normal  Abnormal  Please describe:

Vomiting: Yes  No

If tranquilization is required for treatment or handling, I give my permission to the staff of Just Cats Veterinary Hospital P.C. to administer such tranquilization. All cats entering the facility must be free of fleas, ticks, and ear mites or the cat will be treated at the owner's expense. All cats must be current on rabies and distemper vaccination or they will be given at owner's expense. I also authorize the staff of Just Cats Veterinary Hospital P.C. to do whatever is necessary should an emergency situation arise. Payment is due when your cat is discharged.

Owner's Signature \_\_\_\_\_ Date \_\_\_\_\_