



## Drop-Off Information Form

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

Contact Phone #'s \_\_\_\_\_

Anticipated Pick-Up Time: \_\_\_\_\_

### What is the primary reason for your cat's drop-off visit today?

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Have you noticed any of the following recently? *Please* ✓ *check ALL that apply.*

1.  Depressed, Listless, or Lethargic?
2.  Loss of Appetite?
3.  Sneezing or Discharge from Eyes or Nose?
4.  Coughing, gulping or gagging?
5.  Vomiting? Hairballs/food/other?
6.  Abnormally loose or dry stools?
7.  Straining in the litter box?
8.  Increase in drinking and/or urine volume?
9.  Weight loss?
10.  Limping or Discomfort?
11. Does your cat go outdoors *at all*? Yes  No
12. Has your cat been vaccinated in the last 3 years? Yes No Unsure

***Please provide details of any item(s) that you checked and list all medications your cat is currently taking. Include dosages and time when last administered. You may use the back of this page.***

**I authorize The Cat Doctor to treat my cat:**

\_\_\_\_\_  
Client's Signature

\_\_\_\_\_  
Date