

New Baltimore Animal Hospital

FELINE ADMISSION CHECKLIST

Client Name: _____

Pet Name: _____

Food: Has your cat had food since midnight? Yes No If, yes - what? _____

Medication: Is your cat on any medications, over the counter drugs or herbals? Yes No
If yes what was given, how much, and when? _____

Special Diet: Is your cat on a special diet? _____

Personal Items: Please list any items you are leaving from home (blankets, toys, carrier).

Pre-op Blood Profile: We highly recommend this important blood test, it will enable us to rule out many pre-existing internal problems (infection, anemia, kidney/liver function) that may not be evident physically, but could also lead to serious complications. Would you like the blood screen? No Yes

Mini Screen (less than 6 years) _____ Geriatric Screen (over 6 years) _____
Feline Leuk/Aides Mini Screen _____ Feline Leuk/Aides Geriatric Screen _____
Feline Leukemia/Aides Combo _____

Annual Vaccines: Would you like to have these updated? Yes No

Rabies ____ Distemper ____ Feline Leukemia ____

Fecal (stool) test ____ If we find parasites, may we deworm your cat? Yes No

Tattoo or Microchip: for permanent identification.

Tattoo ____ Yes No If tattoo is chosen a social security number must be provided.

Microchip ____ Yes No

Pain Medication and/or antibiotics will be given to your pet prior to surgery if indicated. This charge is additional and is based on the weight of your pet. Additional medication will also be sent home if it is needed.

Elizabethan Collar: If your pet begins licking or biting at the surgical site, we will place an E-collar on them to prevent damage to the area.

If your pet is here to be spayed, please answer the following:

Could she be pregnant? Yes No

If we find during surgery that she is pregnant, so you still want her spayed? Yes No

Note: if you choose **not** to spay if she is pregnant, you will be charged for the anesthesia and exploratory surgery, OR if we spay and she is pregnant, there may be an additional charge for the extra time involved.

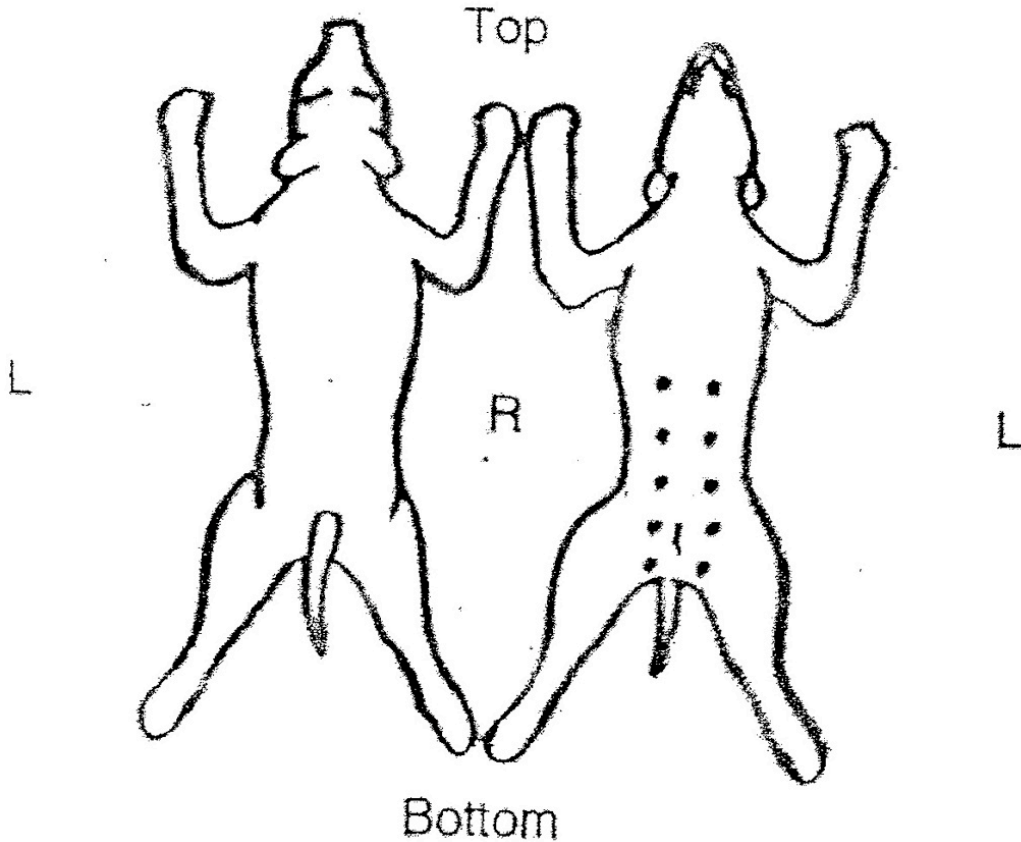
Do you need an estimate or more information on any services offered? Yes No

Are there any other concerns you need to address with the doctor?

I authorize the performance of _____
(procedure, be specific)

on _____
(name of patient)

Please mark the area on the diagram below, to confirm the area for which you are authorizing the above procedure to be performed (not necessary for spay, castration or declaws).



I authorize New Baltimore Animal Hospital to perform the above procedure/procedures. The nature of the procedure has been explained to me fully and no guarantee has been made as to the results or cure. I understand that there may be a risk involved in these procedures and my questions have been answered to my satisfaction.

Phone numbers: Please list where you can be reached today in the event of an emergency. Also after surgery and once your pet is awake, we will try to contact you with a progress report.

Contact Name: _____

Date: _____

Phone: _____

Hours: _____

Owner/Owner Agent Signature: _____

Admitting Staff Signature: _____