

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.

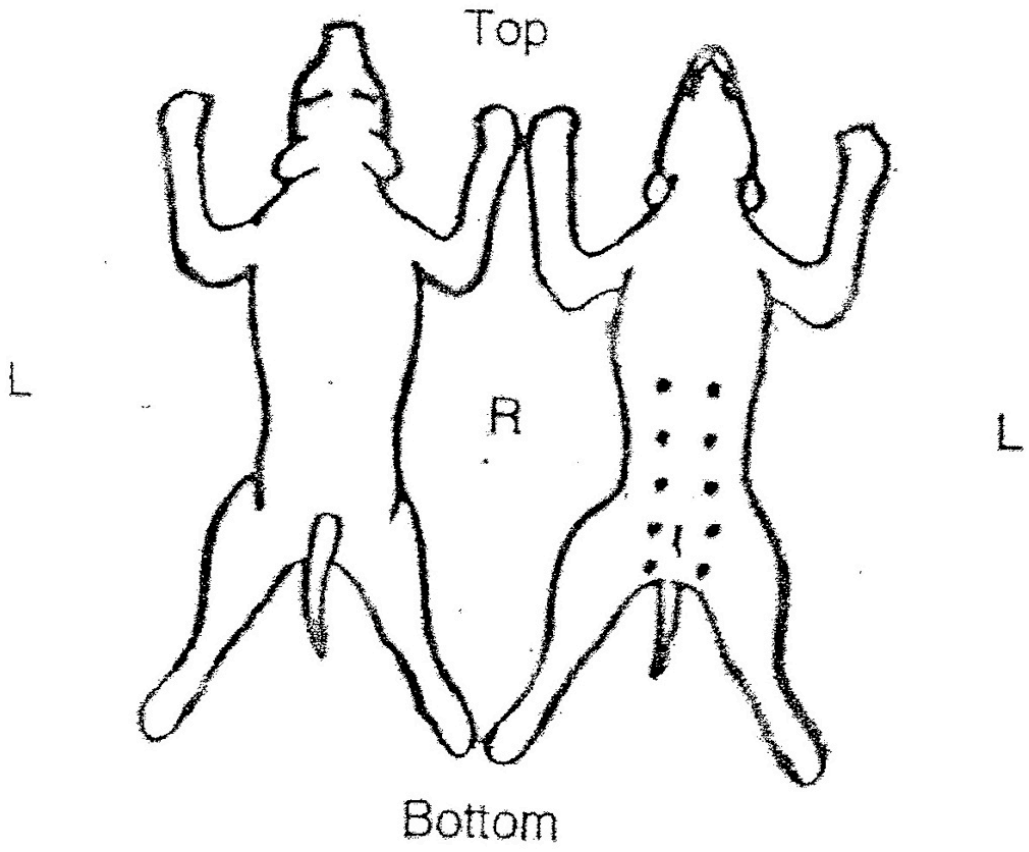
Do you need an estimate or more information on any services offered? Yes No

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: \_\_\_\_\_