



Cat Clinic of Lafayette  
119 ½ Arnould Blvd, Lafayette La. 70506  
337-777-Meow  
6369

Info@catclinicoflafayette.com

**Drop Off SIGN-IN SHEET- Comprehensive exam**

Owner's Name: \_\_\_\_\_ Cat's Name: \_\_\_\_\_

Best Person to Contact/Relationship to Cat: \_\_\_\_\_ Phone: \_\_\_\_\_

Alternate Contact/Relationship to Cat: \_\_\_\_\_ Phone: \_\_\_\_\_

May the alternate contact person make decisions regarding your cat on your behalf?    Yes    No

What is the main concern for today's visit?

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How long/When did you first notice this?

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When was the last time your cat ate/drank? Any change in your cat's litter box habits (urination/defecation)?

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Please list any medications your cat is on including flea/heartworm prevention and any over the counter supplements:

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**In the event that we cannot reach you, would you like to set a dollar amount so that we can proceed with the doctor's diagnostic/therapeutic recommendations? The comprehensive exam is currently \$48.00.**

Yes I would like to set a maximum amount of \$\_\_\_\_\_ in the event that I cannot be reached in order for my cat to be cared for in a more timely manner.

No I do not give my permission to go beyond \$48 without discussing further recommendations. I understand that this may delay my cat's care.

Please circle all of the following that pertain to your cat and then elaborate at the bottom:

● Vomiting/Hairballs	● Itchy Skin
● Not Eating	● Hair Loss
● Difficulty breathing/Open mouth breathing	● Sneezing or Nasal Discharge
● Coughing	● Blood in stool
● Constipation	● Watery or Soft Stool
● Increased Drinking	● Blood in Urine
● Increased Appetite	● Limping
● Larger urine clumps in litterbox	● Change in overall behavior

Please elaborate on any of the items you circled above:

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**Medical Illness Policy:** If your cat(s) becomes acutely critical, we will call the number(s) listed above regarding your cat's symptoms, treatment options and estimate of additional costs. If no one can be reached, your cat will be treated as deemed best by the doctor and you will assume full responsibility for the expense of the treatment involved.

If the need arises, do we have permission to give your cat a mild sedative?

Yes-please proceed as deemed necessary. I will sign the consent form below.

No- I would want to talk with the veterinarian first about this decision. I will place an "X" on the sedation consent form below and will discuss more with my cat's veterinarian.

## Sedation Consent

With advancements in feline anesthesia, short term sedation/injectable anesthesia has minimal risk in most cats. The procedures and the agents used vary considerably depending on several variables including the age and medical history of your cat, and on the length and type of procedure being performed. However, no procedure is without risk. If your cat has an underlying condition that is not detectable on physical exam or blood work, there could be unforeseen complications and in a rare but worst scenario, death can be the result.

**By initialing, I understand the risks of sedation and agree to move forward if necessary for the comfort of my cat and safety of my cat's caretakers. \_\_\_\_\_**

**AUTHORIZATION: By signing below, you are verifying that:**

- I am the owner or agent for the owner of the above documented cat.
- I understand that I am to pay in full when services are rendered.
- I understand what I have read and agreed to/declined above.

Signature of Owner/Agent: \_\_\_\_\_ Date: \_\_\_\_\_