

Morrisville Cat Hospital

100 Keybridge Dr., Suite A

Morrisville, NC 27560

Phone: (919) 678-1554 • Fax: (919) 678-1580

Client Name: _____

Date: _____

Patient Name: _____

(1) A phone number where you can be reached anytime today. _____

(2) Has any of your regular contact information been changed (including cell phone, work phone, email address?)

Yes / No If yes, please list new information. _____

(3) When was the last time your cat had something to eat? _____

(4) Has your cat been exhibiting any coughing, sneezing, vomiting, or diarrhea? Yes / No

If yes, please describe. _____

(5) Are there any other health problems, questions, or concerns you would like addressed at this time? Yes / No

If yes, please describe. _____

(6) Is your cat taking any medications at this time? Yes / No

If yes, please list:

Medication _____ Dosage _____ Last given _____

Medication _____ Dosage _____ Last given _____

(7) Once the patient is under anesthesia the Doctor will perform a complete dental exam. Occasionally she may find a tooth with significant dental disease that may warrant extraction. How would you like us to proceed? Please initial.

_____ I authorize any necessary extractions and realize there will be additional charges for this, including pain medication and possibly antibiotics.

_____ I prefer to be contacted prior to any additional procedure(s). I realize that if I am not reached, nothing additional will be performed and this may result in the need for my cat to undergo another anesthetic event.

_____ I do not authorize any extractions or additional procedures at this time.

I understand that with any procedure involving general or intravenous anesthesia there are risks present which could involve serious injury or death.

I realize that every precaution has been made by Morrisville Cat Hospital to prevent such events from occurring, and I consent to the use of anesthesia as deemed necessary for the procedure.

Signature

Date