



THE CAT CLINIC OF STILLWATER

HOSPITAL ADMISSION QUESTIONNAIRE

Owner's name (first and last): _____

Cat's name: _____ Today's date: _____

When did you first notice a problem? _____

What signs/symptoms/wounds did you first notice? _____

Have the signs gotten worse, better, or stayed the same? Have you noticed any new problems or behaviors since it began? _____

How has your cat been otherwise (eating, drinking, activity)? _____

Does your cat go outside EVER (even if supervised)? _____

Does your cat have any significant medical history not overseen by the Cat Clinic staff? Previous veterinarian & location if applicable: _____

Is your cat currently taking any medications? If so, what is the name of the medication and when was it last taken? _____

Has your cat eaten today? When? _____

Do we have permission to sedate and/or anesthetize to examine, run diagnostics, and/or treat the problem(s)?
(Please circle one) **NO YES**

Do we have permission to run diagnostic blood work if necessary to help figure out the problem and determine the state of the internal organs? **NO YES**

Do we have permission to take radiographs (x-rays) if necessary? **NO YES**

Please leave a phone number(s) where you and/or an "agent" can be reached today if we need to get in touch with you. _____

If your cat has a life threatening condition, emergency care will be initiated and we will immediately call the phone numbers listed above. If we cannot reach you, essential care will be provided and you will be financially responsible.

**If we find evidence of fleas on your cat, flea control will be applied to prevent the spread of fleas in the hospital.

Please sign to authorize the above procedures.

Signature

Date