

Cat Care of Fayette

Hospital • Grooming • Boarding
Catering to Felines & Furry Exotics

DROP~OFF FORM

Owner's Name _____

Phone Number at which you can be reached today _____

Pet's Name _____ Vaccine History: Current Update Today

Today's Date: _____ Pick Up Date: _____

Do we have an accurate DNR Form on file for your pet? Yes No Uncertain

If your pet's vaccine history is not verifiably current, your pet will receive all mandatory vaccines if possible before any treatment is rendered.

- Is your pet a *strictly* indoor pet? Yes No
- If your pet is on meds, did your pet receive them today? Yes No
- Has your pet eaten today? Yes No
- Has your pet been eating/drinking as normal? Yes No
If NO, please explain: _____
- Has your pet been defecating as normal? Yes No
If NO, please explain: _____
- Has your pet been urinating as normal? Yes No
If NO, please explain: _____
- When did the issue for which you are bringing your pet here today begin?
(Please be as exact as possible): _____

Please describe in detail why your pet is here today:

I authorize Cat Care of Fayette to examine and treat my pet. I understand that I am responsible for all charges incurred and must pay for those charges in full upon picking up my pet.

Owner/Agent Signature: _____ Date: _____