



3122 White Oak Drive
Houston, TX 77007
713-523-5171

Hospital / Treatment Release

Telephone # where you may be reached while your cat is under our care:

#1 _____
#2 _____

Patient Label

I hereby authorize the staff of the Cat Veterinary Clinic to perform whatever treatment(s) or procedure(s) are deemed necessary for the health, safety, and/or well-being of the above animal. I understand that all reasonable precautions against injury, escape, or death of the above will be used; however, I also understand that certain inherent risks are involved in the carrying out of any medical procedure of handling which are beyond the control of the person(s) involved. In absence of gross negligence, I thoroughly understand that I assume certain risks and will not hold the Cat Veterinary Clinic, its employees, representatives, or agents liable or responsible in any manner or circumstances for these risks. If parasites are found, they will be treated as needed and the cost will be added to the total bill. I further agree to make prompt and complete payment upon discharge. I further understand and agree that in case of non-payment I will be subject to all billing and/or finance charges associated with my account.

Signature: _____ Date: _____

By signing this, you agree that you understand the contents of this document, and that the information provided is true and correct.

Financial Information:

Have you received an estimate? _____

Would you like an estimate? _____

Dependent upon the nature of the treatments and test proposed, you may be asked to leave a deposit.

Are you prepared to make a deposit if asked to do so?

YES ___ NO ___

Payments are due in full upon pick-up.

Dietary Information:

Name of Food _____

Please Circle One: Wet Dry Both

Quantity: _____ How Often: _____

How is your cat's appetite? Please circle one.

Good Finicky Not Eating

Medication Information

Name of Medication	Dosage	Frequency	Last Dose Given

Please answer the following questions completely to help us ensure quality care.

- Why is your cat visiting us today? _____
- How long have you noticed these symptoms? _____
- Do you authorize the use of light sedation to safely treat your cat? Please initial only one option. YESx _____ NOx _____
This will be approximately \$60 added to your invoice. We will only sedate a patient if procedures are unable to be performed due to safety.
- Has your pet experienced any of the following:
 Vomiting __ How long? _____ Frequency: _____
 Abnormal Breathing __ How long? _____
 Diarrhea __ How long? _____ Frequency: _____
 Inappropriate Elimination: Please Circle One: Urination Feces Both How long? _____
 Please Circle All That Apply: Coughing Sneezing Runny Nose Eye Discharge
- Is your cat current on vaccines? _____
- Does your cat live indoor, outdoor, or both? _____
- Does your cat have any medical conditions? Please give a brief description.

- Does your cat need any other services today? _____