

**Cat Veterinary Clinic**  
 3122 White Oak Drive  
 Houston, TX  
 (713) 523-5171  
 www.catvetclinic.com

**Patient Label**

**Primary reason for today's visit?** \_\_\_\_\_

Symptoms (How Often)	Yes	No	Date Started	Current Medications	
				Name	Frequency/Last Given
Vomiting					
Diarrhea					
Sneezing/Coughing					
Loss of Appetite					
Inappropriate Urination					
Straining to Urinate					
Blood in Urine					
Lethargy					
Limping					

Is your cat current on vaccines? \_\_\_ Yes \_\_\_ No If not, which/why? \_\_\_\_\_

Does your cat live: \_\_\_ Indoors \_\_\_ Outdoors \_\_\_ Both

Is your cat on a heartworm preventative? \_\_\_ Yes (Indicate brand) \_\_\_\_\_

What food does your cat eat? (Brand, wet/dry, frequency) \_\_\_\_\_

Any additional information you feel is of importance, please include here: \_\_\_\_\_

Do you authorize the use of light sedation to safely treat your cat? Please initial one \_\_\_ Yes \_\_\_ No

**Additional Services:** (circle all that may apply)

Nail Trim                      Apply flea/HW preventative                      Medication Refill: \_\_\_\_\_

**Pick Up Availability:** (circle)    Noon- 2:00PM                      2:00-4:00PM                      4:00-6:00PM

**What number can we reach you at today?** \_\_\_\_\_

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 carrying out of any medical procedure 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 Vet Clinic, its employees, representative, 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.

Printed Contact Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_