Corvallis Cat Care
620 NW 4th St.
Corvallis, OR 97330

Admission Form

Date____________________________

Patient's Name___________________________ Owner's Name______________________________________

Reason for admission____

____

BRIEF RECENT MEDICAL HISTORY:

•Normal Appetite?	Yes☐	No☐
•Normal Energy/Activity Level?	Yes☐	No☐
•Any Vomiting?	Yes☐	No☐
•Any Diarrhea?	Yes☐	No☐
•Any Coughing?	Yes☐	No☐
•Any Sneezing?	Yes☐	No☐
•Any Seizure Activity?	Yes☐	No☐
•Has your cat been in a fight recently?	Yes☐	No☐
•Has your cat vomited any hairballs in the past 2 weeks?	Yes☐	No☐
•Any Other Concerns? Please list below…	Yes☐	No☐

____

Current Medications:____

Time last dose(s) given at:____

In case sedation or anesthesia is needed, when did they last eat?_____________________________________

Is food normally left down and available at all times? Yes☐ No☐

_____Yes, it is all right to treat after the initial exam.

_____Please call me before further treatment is provided.

I would like to pick my cat up by____

Phone number I can be reached at____

*If your pet needs to go home on medication, would you prefer ☐**Liquid** or ☐**Tablets** or ☐ **Injectable antibiotic** (may be more expensive)**?***

If your cat has fleas, we will treat them, to keep the clinic and our other patients free of fleas. There will be an additional charge for this.

Owner Signature ____