



The CAT DOCTOR

HOSPITAL ADMISION FORM (To be filled out on the day of admission)

VETERINARY HOSPITAL & HOTEL

www.catdr.com

Owner's Name: Patient:

Where and when can you be reached while your cat is in our care?

Phone #1 Cell/Work/Home/Other: Phone #2 Cell/Work/Home/Other: Phone #3 Cell/Work/Home/Other:

Reason for Hospitalization/Procedure Requested

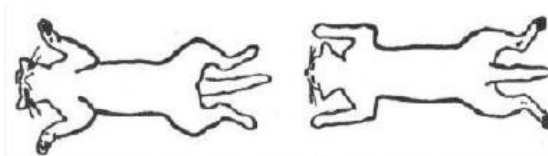
When did your cat last eat? Type and brand of food your cat eats:

Does this cat go outside? Never Occasionally A lot

On any medications? No Yes Name of medication(s): Last Dose Given: (Date) (Time)

YES NO Check where appropriate and write in details

- Sneezing: For how long? How often? (#/hrs or #/days)
Nasal Discharge: Right Left Both nostrils
Coughing: For how long? How often? (#/hrs or #/days)
Runny eyes: For how long? Right Left Both eyes
Vomiting: For how long? Frequency per day
Diarrhea: For how long? Liquid Soft Blood Mucous Hair Gas
Abnormal Urinations: For how long? Blood in urine Straining to urinate
Weight Loss: How much? For how long?
Change in Food Consumption: Increased Decreased Not eating at all for days.
Increased Water Intake: For how long? A little increase A large increase
Depressed/Listless: For how long?
Limping: For how long? Which leg? Left front Right front Left rear Right rear
Wounds/Lumps: Location: (indicate on cat chart below)



USE REVERSE SIDE FOR ANY ADDITIONAL HISTORY OR INFORMATION

Signature: (authorization for treatment) Date:

Printed Name: