

# 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: \_\_\_\_\_

Does your pet have insurance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> I would like more information
If so, do you need a claim form?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

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:

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I authorize Cat Care of Fayette to examine and treat my pet, and by signing below declare that I have authority to approve such treatment. Signer agrees to take financial responsibility in the event the doctor suffers damages due to treatment that was fraudulently, or improperly, authorized by signer.

I understand that I am responsible for all charges incurred and must pay for those charges in full upon services being rendered. **(We do not accept checks as a form of payment)**

Owner/Agent Signature: \_\_\_\_\_ Date: \_\_\_\_\_