



New Baltimore Animal Hospital

5296 Lee Highway

Warrenton, VA 20187

540-347-0964

Feline Admission Checklist

Client Name: _____ Pet Name: _____

Food: Has your cat had food since midnight? **YES NO** If yes, what? _____

Medication: Is your cat on any medications, including over the counter or herbals? **YES NO**
If yes, what was given, how much and when? _____

Special Diet: Is your pet on a special diet? **YES NO** If yes, what kind: _____

Personal Items: Please list any items that you are leaving from home (blankets, leash, carrier, toy, etc):

Pre-Op Blood Profile: We highly recommend this important blood test, it will enable us to rule out many pre-existing internal problems (infection, anemia, kidney/liver function) that may not be evident physically, but could also lead to serious complications. Would you like the blood test? **YES NO**

Mini Screen (<6 years) _____ Geriatric Screen (>6years) _____
Feline Leukemia/Aides Test _____

Annual Vaccines: Would you like to have these updated? **YES NO**

Rabies _____ Distemper _____ Feline Leukemia _____

Fecal _____ If we find parasites, may we deworm your cat? **YES NO**

Microchip: for permanent identification. **YES NO**

Pain Medication: and/or antibiotics will be given to your pet prior to surgery, if indicated. This charge is additional and is based on the weight of your pet. Additional medication will also be sent home if it is needed.

Elizabethan Collar: If your pet begins licking or biting at the surgical site, we will place an E-collar on him/her to prevent damage to the area.

If your pet is also here to be spayed, please answer the following:

Could she be pregnant? **YES NO**

If we find during surgery that she is pregnant, do you still want her spayed? **YES NO**

Note: if you choose **NOT** to spay if she is pregnant, you will be charged for the anesthesia and exploratory surgery. If we spay and she is pregnant, there may be additional charges for the extra time involved.

Do you need an estimate or more information on any services today?

YES

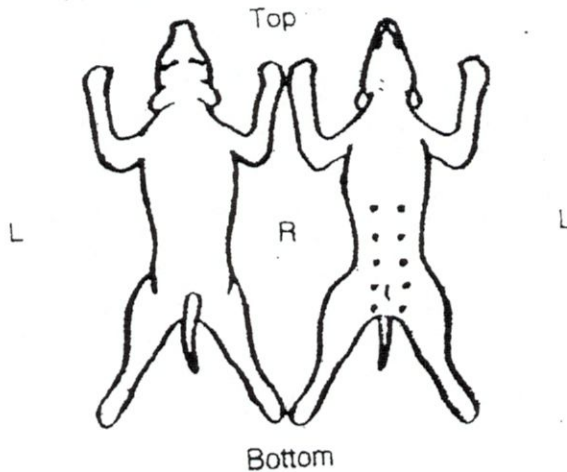
NO

Are there any other concerns you need to address with the doctor?

I authorize the performance of _____
(procedure, be specific)

on _____
(name of patient)

Please mark the area on the diagram below, to confirm the area for which you are authorizing the above procedure to be performed (not necessary for spay, castration, declaws or dentals).



I authorize New Baltimore Animal Hospital to perform the above procedure/procedures. The nature of the procedure has been explained to me fully and no guarantee has been made as to the results or cure. I understand that there may be a risk involved in these procedures and my questions have been answered to my satisfaction.

Phone Numbers: Please list where you can be reached today in the event of an emergency. Also, after surgery and once your cat is awake, we will try to contact you with a progress report.

Contact Name: _____ Date: _____

Phone: _____

Owner/Owner's Agent Signature: _____

Admitting Staff Signature: _____

May we text you updates/pictures about your pet while here in surgery? YES

NO

What mobile number do you want us to use? _____