

Loudoun Cat Care
2 Cardinal Park Drive, Unit 101-B, Leesburg, VA 20175

Medical Authorization Form

Date _____

Client Name _____ Cat's Name _____

Telephone #'s where you can be reached today _____

Reason(s) for today's visit _____

Is your cat on any current medications? Y/N Name/Dose/Frequency _____

If this is insulin, time last given _____ Units given _____

Is the appetite Normal _____ Increased _____ Decreased _____ Food Fed _____

Is water intake Normal _____ Increased _____ Decreased _____

Activity level Normal _____ Increased _____ Decreased _____

Are bowel movements Normal _____ Increased _____ Decreased _____

Are urinations Normal _____ Increased _____ Decreased _____

Is there any vomiting? Y/N If yes, describe frequency and appearance _____

If the visit is for an examination and vaccination, has your cat had any problems that we need to know about? If yes, please explain.

If the visit is for a problem, please describe the problem.

How long has the problem been going on? _____

Have you attempted to treat the problem? Y/N Explain _____

Loudoun Cat Care has my permission to perform medical treatments as needed for therapeutic or diagnostic benefit in relation to above mentioned condition or problem. In the event of a medical emergency, and I am unable to be contacted, I authorize the veterinarian, and any assistants the doctor may designate, to administer medical treatment and surgical procedures deemed necessary for my cat.. I release Loudoun Cat Care from any loss or expense these actions might incur upon me, provided the treatments are necessary to save the cat's life.

Cats admitted to the hospital must be free of fleas and ticks. If these parasites are found, the cat will be treated topically *at an additional expense to the client.*

All charges for services rendered are expected to be paid at the time the animal is picked up from the clinic. If a cat is not picked up within 5 days of the pickup date, and no other arrangements have been made with Loudoun Cat Care, the cat will be considered abandoned and become our possession. I understand that this action will not release me from responsibility for charges and/or legal costs incurred for collection of payment due for services rendered.

I have read and understood the above.

Signature _____ Date _____