

FELINE DROP-OFF RELEASE FORM

<date>

<company>

<co-phone>

Malcolm L. Blessing, DVM

Erin L. Pedersen, DVM

<animal-pic>

Owner: <first-name> <last-name>

Case No: <number>

Street: <address>

City: <city>

Phone: (<area>)<phone>

Patient: <animal> Patient # <animal-
folder>

Breed: <breed>

Sex: <sex-name> Age: <age>

Weight: <weight> Color: <color>

Because you are dropping your pet off for treatment and will not be available to answer questions that may arise regarding your pet's health, please fill out this release to help us provide the best care for your pet.

I, the undersigned, do hereby certify that I am the owner (duly authorized agent for the owner) of the animal described above, and that I do hereby give Dr. Malcolm L. Blessing, Dr. Erin L. Pedersen, their agents, staff, and/or representatives full and complete authority to perform the treatments (at additional cost) in conjunction with **Grooming** / **Boarding** described as:

**Comprehensive Exam
and vaccination**

- Yes** (we do a thorough nose to tail examination and do not charge for the individual vaccinations)
 No (Please sign Vaccination Refusal if your pet is not current on vaccinations)

Fecal Flotation (a stool sample must be examined under the microscope to determine the presence of intestinal parasites that can be transmitted to people. Infants, the elderly and those with a compromised immune system are at greater risk for infection with these parasites).

- Accept** **Decline**

Feline Leukemia Test (cats with exposure to unvaccinated cats may contract this fatal disease. Testing should be conducted prior to vaccinating for the disease)

- Accept** **Decline**

Urinalysis **X-ray** **CBC/Chemistry Profile** **Thyroid Blood work**

Veterinarian Check: Issues: _____

Treat any additional health issues found.

Contact me before performing any additional tests or treatments.

and I do hereby and forever release the said doctor(s) their agents, staff, or representatives from any and all liability arising from said treatments on said animal.

Signed _____

<first-name> <last-name>

<spouse>

Phone Number where I can be reached today _____

The factors below will help your veterinarian determine which vaccination protocol and dietary recommendations best suits the comprehensive health needs of your cat.

- | Geography: | YES | NO |
|---|------------|-----------|
| 1. Do you live somewhere other than Cody part of the year where rabies vaccination is required yearly or every 2 years? | [] | [] |
| 2. Does your cat go outside at any time, where it could come in contact with other cats, dogs, or wildlife? | [] | [] |

- | Lifestyle: | YES | NO |
|--|------------|-----------|
| 1. Does your cat live in a multi-cat household? | [] | [] |
| 2. Do you have other pets? (dogs, ferrets, birds, reptiles, pocket pets, fish) | [] | [] |
| 3. Do you board your cat at any time? | [] | [] |
| 4. Do you travel out of state with your cat? | [] | [] |
| 5. Do you take your cat hiking or camping? | [] | [] |
| 6. Does your cat have any breathing problems? (asthma?) | [] | [] |
| 7. Is your cat on heartworm prevention? | [] | [] |
| 8. Has your cat ever been tested for Feline Leukemia? | [] | [] |
| 9. Has your cat been vaccinated for Feline Leukemia? | [] | [] |
| 10. What food(s) is your cat currently eating? | _____ | |
| 11. How much food do you feed your cat per day? | _____ | |
| 12. Is your cat urinating more frequently or producing more urine volume? | [] | [] |
| 13. Does your cat have normal bowel movements? | [] | [] |
| 14. Does your cat have 'accidents' in the house (miss the litter box)? | [] | [] |