



3969 Legion Drive, Hamburg, New York 14075
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CAT NEW PATIENT FORM

Circle: Feral (trap) / Friendly (carrier)

Caretaker Name: _____ **Date:** _____

Address: _____

Phone: _____ **Email:** _____

Patient Name: _____

Age: _____ years / months

Sex: Male / Female

Color: _____

Domestic Short / Medium / Long Hair

Services requested: (please circle if needed)

SPAY / NEUTER

Ear Tip

FVRCP(distemper)

Rabies

Revolution (flea treatment)

Nail Trim

FeLV/FIV test

Microchip (Insert / Purchasing from EACH)

Droncit (praziquantel) deworming (+ \$12.00)

**If tapeworms are seen at time of examination, droncit will be given automatically at an additional charge.
If necessary, Convenia (an antibiotic) may be given at an additional cost and is charged according to weight.

****Ear tips will only be performed on patients who are approved outdoor/feral, and EACH receives explicit consent to do so.***

Can you medicate this patient? YES NO

Would you like additional pain meds to go home? YES NO

Would you like an E-Collar to go home? YES NO

Are there any known health concerns? _____

****Please see the consent form for additional information regarding surgery/procedures.***

Surgical/Services Consent Form

Animal Name: _____ Caretaker Name: _____

The above named animal has been admitted for surgery.

Have they eaten after 12 am last night? YES / NO

Have they had any medication recently? YES / NO

Would they like a complimentary nail trim today? YES / NO

Can they have their pictures posted on Encompass Animal Care & Health social media platforms such as Facebook and Instagram? YES / NO

Anesthesia is required. I understand that there are risks involved and that in the event of an emergency, the hospital will take all necessary actions to control the issue and will notify me as soon as possible. I understand and agree to the use of human medicine in my animal when deemed appropriate by the Veterinarian.

I agree to meet the costs of all treatment at the time of discharge. I understand the risks and complications of these procedures, which have been explained to me.

All accounts are payable at the time of consultation unless a prior arrangement has been made.

Signed: _____ Date: _____