



## Confidential Referral Form

Owner Contact Information	Previous Veterinarian
---------------------------	-----------------------

Owner's Name: _____ Spouse/Other's Name: _____ Mailing Address: _____ City: _____ State/Zip: _____ Home Phone: _____ Bus Phone: _____ Cell Phone: _____ FAX: _____ E-mail: _____	(If none, write "referred by self" and skip to "About My Cat") Veterinarian: _____ Hospital: _____ Address: _____ City: _____ State/Zip: _____ Ph: _____ FAX: _____ Date of last visit: _____
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

<b>About My Cat</b>	If you are referring more than one cat, please repeat this section for <u>each</u> cat. We need only your name on the top half of each additional cat's Referral Form. You do not have to repeat address, phones, etc.
---------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Cat's Name: _____ Cat's Nickname: _____ Breed: _____ Eye Color: _____ Age Now: _____ OR Date of birth: _____ Declawed? _____ When: _____ Coat Length: _____ Coat Color: _____ Sex: (check all that apply)      Coat Condition: (check one) ___ Intact Male                    ___ Clean & Shiny ___ Neutered Male                ___ Dirty & Dull ___ Intact Female                ___ Itchy with Hair Loss ___ Spayed Female ___ Used for Breeding Condition of Teeth: ___ Clean ___ Mild Tartar ___ Gingivitis/Tartar ___ Severe Gingivitis Tartar Vomiting:                          Diarrhea:                          Appetite: ___ None                            ___ None                            ___ Good ___ Rarely                          ___ Intermittent                  ___ Picky ___ Intermittent                  ___ Chronic                        ___ Ravenous ___ Chronic	Urinary Habits: (check all that apply) ___ Uses Litterbox ___ Goes Outdoors ___ Housesoils Temperament: ___ Outgoing/Social ___ Neutral ___ Shy ___ Aggressive ___ Scaredy Cat General Body Condition: ___ Emaciated ___ Thin ___ Normal ___ Chubby ___ Obese ___ Very Obese Lifestyle: ___ Indoors ___ Indoors/Outdoors ___ Outdoors Only ___ Barn Cat ___ Feral/Stray Best Description of Your Relationship with your cat: ___ Best Friend    ___ Companion    ___ Housecat/Pet ___ Barn Cat/Mouser    ___ Feral/Stray Tested for FIV(AIDS): _____ When: _____ Results: _____ Tested for Heartworm: _____ When: _____ Results: _____ Taking Heartworm Medication: _____ Tested for Leukemia: _____ When: _____ Results: _____ Last Vaccinated on: _____ For What : _____
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

*Continued on Reverse Side*

## Referral Form - Page 2

What are the clinical problems your cat is experiencing? For how long?

Do you travel with your cat, board your cat, or take your cat to cat shows?

Has your cat traveled outside of Colorado? If YES, please describe when and where:

What type of treatments have been tried? Were they successful, partially successful, or was there no response?

Was a specific diagnosis ever determined by referring veterinarian, and if so, what was it?

What specific food(s) is your cat being fed, how much, at what times of the day?

Describe your family: adults, children, other kitties, other pets, pet sitters, etc.

Describe your cat's life (interaction with other animals, type of house and floor plan, any recent changes with family members, any environmental changes, bad experiences, etc.

What do you think is wrong with your cat and what ideas have you been considering for treatment?

### AUTHORIZATION AND ACCEPTANCE OF RESPONSIBILITY:

I hereby authorize Cat Specialist, P.C. to examine, prescribe for, or treat the above described cat, on this initial visit and on all subsequent visits. I assume responsibility for all charges incurred in the care of this cat. I also agree to pay these charges, in full, at the time services are rendered, unless other arrangements are made prior to treatment. I understand that if this cat must be hospitalized at Cat Specialist and treated as an in-patient, I am expected to pay these charges at the time the cat is discharged. I understand that there may be a deposit required prior to hospitalization and treatment. In case of extensive hospitalization and ongoing treatment, I understand that I may be expected to pay my cat's charges on a weekly basis.

Signature of Owner or Responsible Party \_\_\_\_\_ Date: \_\_\_\_\_