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Drop Off Form – General Illness

1. Please specify the time frame for your cat’s symptoms. What are your primary concerns today?

2. What is your cat’s current diet?

Any other supplements or treats?

3. Medications:

Name	Pill/Liquid/Transdermal	Dose	Times per day	Last given

Please use reverse side for additional medications.

Is your cat on Heartworm preventative? **Yes** **No**

Name and date last given: _____

Is your cat on Flea/Tick preventative? **Yes** **No**

Name and date last given: _____

Do you need refills on any medications or preventatives today? **Yes** **No** If so, which ones?

4. **Environment:** Goes outside? **Yes** **No** Other pets? **Yes** **No** Cats Dogs Other

Recent changes – new family members, moved, construction, schedule, etc. **Yes** **No**
Please list.

You are dropping off your cat today and the doctor will assess him/her as soon as possible. The doctor will perform a physical exam and call to discuss a diagnostic and treatment plan. If any emergency diagnostics or treatment needs to be performed, the doctor will perform this at their discretion. Please understand we have your cat's best interest in mind and we will make every effort to contact you regarding their status as soon as possible. We have provided you with an estimate for your cat's care. This is only an estimate based on your cat's presenting symptoms. The doctor may recommend additional diagnostics and treatment. We will contact you with a new estimate after the doctor's assessment.

For sick cats, or cats with chronic illnesses, we recommend bringing your cat's food and medications in case s/he needs to spend the night with us.

Telephone number to call _____

Alternative number _____

Best time to call: 9am – 12pm 12pm – 5pm Leave a message

**If email is a better form of contact for you today please leave your email address:

**Do you have any time constraints? If your cat is to go home today, when is the best time for you to pick up your cat?

Any additional notes to the doctor?