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### AUTHORIZATION FOR HOSPITALIZATION

OWNER: \_\_\_\_\_ CAT: \_\_\_\_\_

*I hereby authorize the professional staff of A Cat Clinic to perform the following procedures for my cat:*

The attached estimate details approximate fees that could be incurred during the hospitalization. An exact figure cannot be assured due to the possibility of unforeseen circumstances. If the estimate is to be appreciably exceeded, we will do our best to contact you at the number you provide below.

Deposit for treatment \$ \_\_\_\_\_

Balance must be paid in full when you take your cat home. Cats may only be released to their listed owners unless prior arrangements are made.

I understand that my cat must have a current FeLV/FIV test. I understand that my cat \_\_\_\_\_ Initials must be fully vaccinated unless otherwise recommended by our doctors. I am aware that if my cat has fleas, treatment will be used to kill the fleas. The nature of the procedure has been explained to me and I have had the opportunity to ask questions about the proposed treatment and its costs. I acknowledge that, as in any medical procedure, there will be risk involved and that the doctors of A Cat Clinic will exercise professional skill in the treatment of my cat, but that no guarantee has been made as to the results or cure.

If your cat is undergoing sedation/anesthesia today, please know that there are inherent \_\_\_\_\_ Initials risks associated with all anesthesia procedures. If your cat has a complication, please know our doctors will perform emergency treatment and make every effort to contact you. You will be responsible for any additional charges for emergency treatment. If you have any questions regarding anesthesia, please do not hesitate to ask.

Maryland law requires written notification by pet caregivers when 24-hour on-site supervision is not provided. Our policy is to hospitalize patients overnight when needed and to give appropriate care throughout their stay. If, however, you do not feel comfortable with this arrangement your options are:

1. Observation at home, with return for re-examination and treatment as needed the following morning. Signature for premature medical release may be needed.
2. Veterinary supervision at a fully-staffed emergency clinic that is open when A Cat Clinic is closed. The emergency clinic will charge separately for hospitalization. You are responsible for transport to an emergency clinic.

**A Cat Clinic is open from 8am to 6pm, Monday through Friday, and from 9am to 1pm on Saturday.**

**I have read the above conditions of the hospital and am aware that I can request a copy of this form.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Primary Number: \_\_\_\_\_ Alternative Number: \_\_\_\_\_

Or, I prefer to be emailed or texted today: \_\_\_\_\_

Please turn the page over.



**Medications**

Name	Pill / Liquid / Transdermal / Injection	Dose	How Often	Last Administered

**Heartworm Preventative:**      Revolution (topical drops)      Heartgard (chewable tab)      Other: \_\_\_\_\_

Most recent dose was given: \_\_\_\_\_ Send a refill home today? \_\_\_\_\_

**Flea / Tick Preventative:**      Revolution (fleas)      Bravecto (fleas / ticks)      Other: \_\_\_\_\_

Most recent dose was given: \_\_\_\_\_ Send a refill home today? \_\_\_\_\_

***If your cat is being dropped off for their appointment, please also answer the following questions.***

What are your primary concerns today? How long has your cat been displaying these symptoms?

What is your cat's current diet?

Canned food: Brand \_\_\_\_\_ Amount Offered \_\_\_\_\_ How Often? \_\_\_\_\_

Dry food: Brand \_\_\_\_\_ Amount Offered \_\_\_\_\_ How Often? \_\_\_\_\_

Any other supplements or treats? Please list.

**Environment:** Goes outside? **No**  **Yes**  unsupervised / supervised / yard / balcony / leashed

**Other pets:** **No**  **Yes**  Cats Dogs Other: \_\_\_\_\_

**Recent changes:** **No**  **Yes**  new family members / visitors / moved / construction / schedule / furniture

**Anything else?**

**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.**

\_\_\_\_\_ **Initials**