

# Baxter Creek Veterinary Clinic

## Feline Urinary Drop Off Form

**Date:**

**Owner:**

**Patient:**

Is your pet an indoor or indoor/outdoor cat? \_\_\_\_\_

Has your pet been urinating outside of the litterbox? **Yes** **No**

If yes, for how long? \_\_\_\_\_

Has your pet been straining to urinate? **Yes** **No**

If yes, for how long? \_\_\_\_\_

Have you noticed any blood in the urine or litterbox? **Yes** **No**

If yes, for how long? \_\_\_\_\_

How many cats do you have in your house? \_\_\_\_\_

How many litterboxes do you have in your house? \_\_\_\_\_

Are the litterboxes covered or uncovered? \_\_\_\_\_

How frequently do you empty the litterboxes? \_\_\_\_\_

What type of litter do you use? \_\_\_\_\_

Do you change brands of litter frequently? **Yes** **No**

Where in your house are the litterboxes located? \_\_\_\_\_

Have you noticed any changes in your cat's water intake? **Yes** **No**

If yes, please describe: \_\_\_\_\_

Does your cat eat wet food? **Yes** **No**

If yes, what kind and how frequently? \_\_\_\_\_

Does your cat eat dry food? **Yes** **No**

If yes, what kind and how frequently? \_\_\_\_\_

Is your cat on any medications? **Yes** **No**

If yes, what medications and how frequently are they given? \_\_\_\_\_

Do you have any other concerns regarding your pet, or anything else you would like us to know?

**Phone numbers where you can be reached today:**

**How would you like us to proceed with treatment today? Please check one of the following:**

Please proceed with diagnostics and therapeutics for my pet based on the doctor's recommendation

I would like to be contacted with estimate prior to diagnostics or therapies following the initial exam

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

**Payment for all procedures is due at the time of your pet's discharge.** \_\_\_\_\_

**Initials**