



# Community Cat Patient Questionnaire

For Clinic Use	
Acct: _____	
Check-In Time: _____	Initials: _____
Ear-tip? <input type="checkbox"/> Yes <input type="checkbox"/> No	Initials: _____

## Caretaker's Information

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_  I would like to receive emails from FACE.

Transporter's Name (if different): \_\_\_\_\_ Phone Number: \_\_\_\_\_

Can you let the cat recover in a sheltered space?  Yes  No

Can you medicate the cat?  Yes  No

## Service Fees

### Spay/Neuter (Required for all unaltered cats)

TNR/Community Cat Package - \$40

### Other Veterinary Services

Community Cat Level I - \$45

Includes examination and 1-2 medications.

Community Cat Level II - \$90

Includes examination, 2-4 medications, injections, and overnight stay.

Community Cat Level III - \$140

Includes examination, 4 or more medications, IV fluids, bloodwork, hospitalization, and any surgery required.

*I want to help support FACE Low-Cost Animal Clinic's community cat program with a donation of:*

\$5  \$10  \$25  \$40

### Total Due at Check-Out:

\$ \_\_\_\_\_

FACE is a nonprofit provider, we rely on service fees and donations to keep our community cat program operating.

## Patient's Information

Name: \_\_\_\_\_ Age (if known): \_\_\_\_\_ Sex (if known): \_\_\_\_\_ Coat Length: \_\_\_\_\_

\_\_\_\_\_  Male  Female  Short  Med  Long

Coat Description:  Calico  Tortie  Tabby  Tuxedo  Bi-Color  Solid  Color: \_\_\_\_\_

Where does this cat eat and sleep? \_\_\_\_\_

How long have you been caring for this cat? \_\_\_\_\_

When did this cat last eat? \_\_\_\_\_ When did this cat last drink? \_\_\_\_\_

In the past two weeks, has this cat displayed any of the following symptoms:

Sneezing  Coughing  Vomiting  Diarrhea  Low Energy

**Continued, Turn Page Please →**

## Patient's Information, Continued

Does this cat have history of:  Health problems/Illness  Injury

Please explain: \_\_\_\_\_

Is this cat currently being treated for fleas, ticks, or mange?  No  Yes Product: \_\_\_\_\_  
Date & Vaccinations \_\_\_\_\_

Is this cat current on vaccinations?  Yes  No  Unknown Received: \_\_\_\_\_

Has this cat taken any medication in the past month?  No  Yes Please explain: \_\_\_\_\_

Has this cat ever had a seizure?  Yes  No  Unknown

Has this cat been exposed to any toxins such as rat poison or anti-freeze?  Yes  No  Unknown

Has this cat been tested for feline leukemia virus (FeLV) or feline immunodeficiency virus (FIV)?

No  Yes, Results: \_\_\_\_\_

### **Female Cats Only:**

Is it possible this cat is pregnant?  Yes  No  Unknown

Has this cat had any previous litters?  Yes  No  Unknown

If yes, number of litters: \_\_\_\_\_ Date of last litter: \_\_\_\_\_

## I agree to all of the following. Please initial each line.

\_\_\_\_\_ To the best of my knowledge, this is an unowned cat.

\_\_\_\_\_ I recognize and understand that unowned cats receive special pricing made possible by donations to FACE Low-Cost Animal Clinic.

\_\_\_\_\_ I agree to pick up the cat(s) following surgery as directed.

\_\_\_\_\_ I recognize and understand the risks inherent to anesthesia and surgery. I understand that the cats do not undergo a pre-anesthetic evaluation and I accept there are risks of underlying health problems, and that could complicate survival/recovery from anesthesia and surgery.

\_\_\_\_\_ I recognize and understand that female cats will be spayed, regardless of the stage of pregnancy, and the pregnancy will be terminated.

\_\_\_\_\_ I agree to hold harmless and indemnify the FACE Low-Cost Animal Clinic, their officers, their volunteers, and their employees from any loss, injury, or damages to myself or the cat(s) arising out of or in any way connected to the services requested herein.

\_\_\_\_\_ I understand this cat will receive an ear-tip and must be released back outside to its original area as directed.

I understand that FACE is primarily a low-cost spay/neuter clinic, not a full-service veterinary clinic, and may not be able to offer all aspects of care of a fully equipped veterinary hospital. I consent to hospitalization if it is recommended, and I understand that treatment will be provided if deemed necessary. I authorize this cat to be treated as FACE veterinarians and representatives deem to be reasonable and in the cat's best interests. I authorize fluids, medications, anesthesia, and surgery as indicated. I accept financial responsibility for program service fees incurred for this cat unless other arrangements have specifically been made.

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

Transporter Signature (if caretaker is not present): \_\_\_\_\_ Date: \_\_\_\_\_



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