

739 Bloor St W, Toronto, ON M4G 1L6

Hours: Monday- Friday 8am-6pm Saturday 9am-1pm Phone: (416) 479-0142 Email: info@torontocatclinic.com

PRE-APPOINTMENT CONCERNS & SYMPTOMS FORM

Please complete this form the night before or day of your cat's appointment.

Date	Cat's Name
If yes, please arrange for someone ou	s self-isolating, in quarantine, is coughing or has a fever? utside your home to bring your cat in on your behalf. Call us right away nake a plan together. This is essential so that we can protect our team o open to help cats in need.
About You	
Client Name	Phone Number ()
Additional Client Name	Additional Phone Number ()
Email Address	
	bout your cat. When did they begin? How have they progressed?
What medication is your cat currently	taking?
Is your cat lethargic? When did it start	t?
Does your cat go outdoors?	
☐ Yes ☐ No	

How is your cat's appetite? Any noticeable weight gain or weight loss? What food does your cat currently eat?
Any coughing or sneezing? Do they have any discharge from their eyes or nose?
Any vomiting, diarrhea, or constipation? If so, please provide details (when it started, frequency, appearance)
Has your cat been itching/scratching/over grooming? Any lumps, bumps or lesions if so where on the body?
Has there been any change in your cat's urination or drinking? Is your cat urinating outside of the litter box?
How is your cat's mobility? <i>Is your cat limping</i> ?
How are your cat's energy levels?
Does your cat have any previous health issues that we may not be aware of? If so, please describe.
Do you have any questions for the veterinarian? If so, please list them below.
What is your preferred method of communication for follow up lab results? Email Phone

INFORMED OWNER CONSENT

I agree to the COVID-19 examination policy. I understand that during the performance of these procedures, unforeseen conditions may be revealed that necessitate additional treatments. I expect The Downtown Toronto Cat Clinic to use reasonable care and judgement in performing the procedure(s). The nature of the procedure and risks involved have been explained to me and I realize results cannot be guaranteed. I am also aware that unforeseen events resulting from the procedure(s) will not relieve me from any obligation to all reasonable costs incurred regarding my cat.

THIS IS NOT OPTIONAL AND MUST BE FILLED ENTIRELY IN ORDER TO BE SEEN. IT MUST BE EMAILED OR FAXED (416-962-9632) BEFORE THE SCHEDULED APPOINTMENT.

- Our front door will remain LOCKED and only opened by staff once a discussion is had over the phone. When you arrive, PLEASE DO NOT KNOCK ON OUT WINDOW OR DOOR. PLEASE CALL us at 416-479-0142 so a staff member can advise you of the next steps. Be patient as lines may be busy due to higher call volumes.
- ALL APPOINTMENTS: cats will be admitted to the hospital one at a time. Owners do not enter the building.
- Surgeries: Surgery Consent Forms will be emailed the night before and must be returned signed by the next morning's drop off.
- Our veterinarians will examine ALL cats in the clinic and will call owners with treatment always plans so have phones on standby.
- Once owner authorizes, vet administers treatment and puts invoice through.
- All invoices paid before returning to the clinic to collect cats. WE ACCEPT VISA, MASTERCARD AND DEBIT.
- Surgery discharge instructions will be done over the phone and all cats will have a written set of instructions to go home with their cat.

If you are not comfortable with the above policies and protocols, call or e-mail us to cancel or reschedule your upcoming appointments.

By signing below, I have read the above and consent to the noted policies and protocols.

Owner's Signature

Date

Payment Method: Please indicate the mode of payment for the above services.

Credit Card - VISA, MASTERCARD

Debit at the Door