



739 Bloor St W, Toronto, ON M4G 1L6  
Hours: Monday- Friday 8am-6pm Saturday 9am-1pm  
Phone: (416) 479-0142  
Email: info@torontocatclinic.com

## SURGERY ADMISSION FORM

Date \_\_\_\_\_ Cat's Name \_\_\_\_\_

### About You...

Client Name \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_

Additional Client Name \_\_\_\_\_ Additional Phone Number (\_\_\_\_) \_\_\_\_\_

Email Address \_\_\_\_\_

*We will email your cat's discharge instructions to this address.*

### About Your Cat...

Your Cat's Procedure Today \_\_\_\_\_

What time did your cat last eat ANYTHING? \_\_\_\_\_

Did your cat take their full doses of pre-surgery calming medication this morning?  Yes  No

Please list all medications, supplements or treatments that your cat has received during the past 7 days.

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Has your cat had any coughing or sneezing in the past 7 days?

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Has your cat vomited, had diarrhea, indicated pain, or had a seizure within the past 7 days?

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Has your cat had any other symptoms or medical issues arise in the past 7 days?

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Has your cat had a prior anesthetic reaction? *If yes, please provide details.*

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Do you have any questions for the veterinarian this morning? *If yes, please list them below.*

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Do you understand the cost estimate you have been given for your cat's procedure, understand the anesthetic risks involved and give consent for us to proceed today? Please indicate below if you consent.

- Yes, I agree and consent.
- No, I do not agree and do not consent.

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Owner's Signature

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Date

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

- Credit Card - VISA, MASTERCARD
- Debit