

**K.C. CAT CLINIC**  
7101 Main Street  
Kansas City, MO 64114  
Phone (816) 361-4888  
kccatclinic.com

### **Hospitalization/Treatment Authorization**

\*\*\*Owner's Name \_\_\_\_\_ \*\*\*Date \_\_\_\_\_

\*\*\*Pet's Name \_\_\_\_\_ \*\*\*Today's Phone \_\_\_\_\_

Please be available while your cat is here so we can call if need be to discuss care issues.

If you are going to be taking your cat home today, please remember that we close at 7 PM on Monday and Tuesday, 6:00 PM on Wednesday - Friday, and noon on Saturday.

*(Please circle your choice.)*

If we were able to give you a choice in medication, would you prefer liquid or tablets?

\*\*\* Liquid                      Tablets                      Chew Tabs (if available)

If we are unable to reach you, do you authorize initial diagnostic testing, such as blood work and x-rays if the doctor strongly feels that they will be helpful?

\*\*\* Yes              No

### **DAY WARD CHARGES AND THE INEVITABLE RELEASE**

**While your kitties are here, we try to make them comfortable and be attentive to their needs. The level of attention to housing and nursing care is similar to those cats that are hospitalized. We want you to be aware that there is a day ward charge for this service. If we find evidence of fleas on your cat, please be advised that we will apply the appropriate dose of Advantage Topical Solution and that there is a charge for this treatment.**

I am the owner of the cat described above. I authorize the KC Cat Clinic to perform such diagnostic, therapeutic, anesthetic and surgical procedures as are necessary and advisable for the treatment and maintenance of my pet's health and well being. I realize that no guarantee or warranty can ethically or professionally be made regarding the results or cure. In the event that my animal should, for some unforeseen reason, injure itself, escape, fail to eat, or become ill, I will not hold the KC Cat Clinic or its employees responsible. I understand that you will use reasonable precautions to assure the animal's safety while it is in your care. I also authorize the hospital director and staff to provide veterinary services as requested or in emergency circumstances to follow through with such procedures as are necessary to the well being of my pet.

\*\*\*Signature \_\_\_\_\_ \*\*\*Date \_\_\_\_\_

Lines indicated with an \*\*\* are required. Thank you.

10/06

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