

## Camuti Consultation Line Intake Form

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Have you used our service before?  Yes  No

How did you hear about our service? \_\_\_\_\_

### Client Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Ph#:  Cell  Home \_\_\_\_\_

Email: \_\_\_\_\_

### Pet Information

Name: \_\_\_\_\_

Age: \_\_\_\_\_

Sex:  Male  Female

Neutered:

Breed: \_\_\_\_\_

1. Has your cat been diagnosed by a veterinarian?  Yes  No (if yes, date of diagnosis \_\_\_\_\_)

2. Is your cat being treated by a vet?  Yes  No (if yes, date treatment started \_\_\_\_\_)

3. Has your cat improved with treatment?  Yes  No

4. Briefly describe the symptom(s) your cat is currently experiencing and the duration of those symptoms?

Current Medications:

Times not available in the next 48hrs:

Please send any relevant reports or lab work via email or fax to the contact information below:

How many pages? \_\_\_\_\_  Fax (607.253.3419) or  Email ([fhc\\_consultation@cornell.edu](mailto:fhc_consultation@cornell.edu))

### FOR ADMINISTRATIVE USE ONLY

#### General Consultation:

Member - \$44

Non-Member - \$55

#### Consultant:

Dr. Slotnick – Monday

Dr. Cortright – Wed (10a-12p)

Dr. Maza – Wed (2p-4p)

Dr. Collins – Friday

#### Specialty:

Behavior: \$115 – Dr. Perry

Cardiology: \$75 – Dr. Kornreich

Oncology: \$75 – Dr. Henry

Credit Card: Type \_\_\_\_\_ Number \_\_\_\_\_ Exp \_\_\_\_\_