

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 page _____ ☐ FHC_consultation@cornell.edu or ☐ Fax (607.253.3419)

FOR ADMINISTRATIVE USE ONLY

FHC Member

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 _____

Intake Associate will contact client via phone for credit card information