



**VICSD**  
VETERINARY IMAGING  
CENTER OF SAN DIEGO

**Radioiodine Client Information Form**

Date: \_\_\_\_\_ Primary Veterinarian: \_\_\_\_\_

Name: \_\_\_\_\_ Spouse/Partner: \_\_\_\_\_  
Last First Last First

Address: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Cell: ( ) \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Work: ( ) \_\_\_\_\_

**Patient information**

Pet's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Spayed/Neutered: Y  N

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

Please Describe Your Cat's Current Appetite:  Excellent  Good  Fair  Poor

Feeding Instructions: \_\_\_\_\_  
\_\_\_\_\_

Please List Concerns or Questions Regarding Your Cat's Treatment: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please tell us About Your cat:

("My cat likes his chin scratched; he doesn't like his belly touched"): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_