



**Thyro-Cat, LLP**  
*Centers For the Treatment of  
Feline Hyperthyroidism*

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THE REQUESTED INFORMATION IS REQUIRED FOR US TO DETERMINE IF YOUR PATIENT IS AN APPROPRIATE CANDIDATE FOR I-131 THERAPY. **WE WILL REVIEW THE SUBMITTED DATA AND SEND YOU A WRITTEN EVALUATION.**

**CLIENT NAME:**

**PATIENT NAME:**

**ANIMAL HOSPITAL NAME:**

**VETERINARIAN NAME:**

**ADDRESS:**

**TELEPHONE AND EMAIL:**

IS THE CAT CURRENTLY TAKING THYROID MEDICATION YES ☐ NO ☐ AND/OR Y/D DIET ☐  
ADVERSE REACTION/S TO THE THYROID MEDICATION: (YES) (NO) IF YES-EXPLAIN

**THYROID INFORMATION- TESTING DATES AND RESULTS:**

| DATE PATIENT INITIALLY DIAGNOSED WITH HYPERTHYROIDISM |  | T4/ft4 /TSH VALUES |
|---|--|--------------------|
|   |  |                    |
| SUBSEQUENT DATE/S                                     | MEDICATION                                 | T4/ft4 /TSH VALUES |
|   | (YES) (NO) (NAME OF MEDICATION & DOSE)     |                    |
|   | (YES) (NO) (NAME OF MEDICATION AND & DOSE) |                    |
|   | (YES) (NO) (NAME OF MEDICATION & DOSE)     |                    |

USE BACK OF THIS SHEET IF ADDITIONAL INFORMATION NEEDS TO BE ADDED

|   |  |
|---|--|
| CAN YOU PALPATE AN ENLARGED THYROID?<br>(YES) (NO)                      | IF YES, WHAT IS ITS CURRENT SIZE SUBJECTIVELY? |
| WHERE IS IT LOCATED? (CIRCLE ONE)<br>UPPER NECK MID NECK THORACIC INLET | HAS IT UNDERGONE RAPID GROWTH? (YES) (NO)      |

**LIST HEALTH CARE ISSUES OF CONCERN FOR OTHER ORGAN SYSTEMS AND WHAT HAS BEEN DONE TO DEFINE THE ETIOLOGY FOR THOSE CONCERNS:**

| ORGAN SYSTEM     | SELECT ONE          | CONCERNS/FINDINGS/THERAPY/OUTCOME |
|------------------|---------------------|-----------------------------------|
| CARDIOVASCULAR   | (NORMAL) (ABNORMAL) |                                   |
| RESPIRATORY      | (NORMAL) (ABNORMAL) |                                   |
| GASTROINTESTINAL | (NORMAL) (ABNORMAL) |                                   |
| HEPATOBIILIARY   | (NORMAL) (ABNORMAL) |                                   |
| UROGENITAL       | (NORMAL) (ABNORMAL) |                                   |
| MUSCULOSKELETAL  | (NORMAL) (ABNORMAL) |                                   |
| NEUROLOGIC       | (NORMAL) (ABNORMAL) |                                   |
| OTHER            | (NORMAL) (ABNORMAL) |                                   |

**PLEASE STATE CAT'S BEHAVIOR AND IF SPECIAL HANDLING REQUIRED:**

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**ADDITIONAL INFORMATION REQUIRED:**

**ALL HISTOPATHOLOGIC AND CYTOLOGIC REPORTS**

**ALL LABORATORY DATA FROM LAST THREE MONTHS**

**ALL REPORTS FROM OTHER SPECIALIST**

**TORSO RADIOGRAPHS-LATERAL AND VD FROM SKULL TO TAIL**

**IF MEDICATIONS AND/OR A SPECIAL DIET ARE NEEDED, THEY MUST BE PROVIDED BY THE OWNER WITH EXPLICIT INSTRUCTIONS ON HOW THEY ARE TO BE GIVEN. WE WIL DO OUR BEST TO FOLLOW THOSE INSTRUCTIONS; HOWEVER, WE MAY COMMUNICATE WITH THE OWNER TO MODIFY THE PROTOCOL AS THE SITUATION DICTATES.**

\* For the cat's safety and the safety of the Thyro-Cat staff, have the cat's nails cut prior to treatment. If the cat is difficult to handle at the veterinary office, please Rx Gabapentin to be given the day of treatment. We reserve the right to refuse treatment to any cat whose owner does not comply with this policy.

IF TREATMENT IS DENIED, THE CLIENT WILL BE CHARGED THE COST OF THE PROFESSIONAL SERVICES AND THE I-131 DRUG THAT WERE INCURRED IN PREPARATION FOR TREATING YOUR PET.