



cat adoption team

Megestrol Acetate Exam/Authorization

Name:		Date:	
Address:	City:	St:	Zip:
Primary Phone:	Email:		
Cat's Name:	Age:	Sex: Female, unaltered	
Breed:	Color:		
List any health issues and current medications:			
Do you think your cat is in heat today? Yes No		Do you have an unaltered male cat at home? Yes No	
Has this cat gone outside (including balconies) in the past 2 months? Yes No			

Donation to Cat Adoption Team (optional)	\$
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Owner Authorization

I, the undersigned owner of the pet identified above, consent to the examination and treatment of this pet by staff veterinarians. This exam is for the purposes of prescribing megestrol acetate (MA) to my female cat. I understand that although this drug has been used for this purpose in research and in everyday cases, it is currently not a drug approved by the FDA for this purpose, and the medication I'll receive has been compounded by a local pharmacy called Northwest Compounding. I have read the MA disclosure (reverse side) and I understand the risks and benefits, including potential side effects of this drug. If there are any issues with side effects, I understand I am responsible for any cost incurred for veterinary care for my cat.

Signature (authorizes care for patient): _____ Date: _____

----- **BELOW FOR HOSPITAL USE ONLY** -----

PHYSICAL EXAM

	Normal	Abnormal (see notes)		Normal	Abnormal (see notes)		
General appearance			Skin			Wt:	kg
Eyes			Heart			BCS:	/9
Ears			Respiratory			T:	°F
Mouth/Teeth			Gastrointestinal			HR:	bpm
Lymph Nodes			Genitourinary			RR:	brpm

- No pregnancy felt with abdominal palpation, but this does not rule out an early pregnancy.
- Pregnancy felt with abdominal palpation. Unable to prescribe Megestrol acetate.

Notes: