

Iodine-131 Patient Registration Form

Owner's Name: _____ Cat's Name: _____

Phone: _____ Email: _____

Preferred method of daily contact with updates: text/email (Please circle one)

Address: _____

Veterinarian Name: _____ Clinic: _____

Clinic Phone: _____

Weight: _____ Allergies: _____

Health or behavior issues: _____

Medications: _____

**On methimazole/Tapazole/Felimazole ? Y/N

Dose: _____ when started: _____ ****Will need to discontinue at least 1 week prior to I-131 Therapy.**

Your cat will have a wellness check the morning of their therapy appointment at All Creatures Veterinary Hospital in Mountain Home, Arkansas unless your vet prefers to do this in their clinic *the day before and send results with you when you drop off your cat.* At ACVH, you will be given the choice of a basic or recommended workup and will pay this when you drop off your cat:

Basic Workup: Information that indicates that the cat is most likely healthy enough for therapy includes:

BUN, creatinine, electrolytes and T4.

Recommended Workup: For a more complete assessment, we recommend the following additional tests:

Full cardiac workup (requires sedation) to include proBNP, T4, SDMA and an Echocardiogram.

Your cat will be transported to our facility for treatment and boarding in our isolation unit. You will need to follow up with your vet in **one month. Our recommendation is a renal panel, BUN, creatinine, electrolytes and a T4.** We will be happy to assist with any questions or issues related to the I-131 therapy.

Signature of Owner: _____

