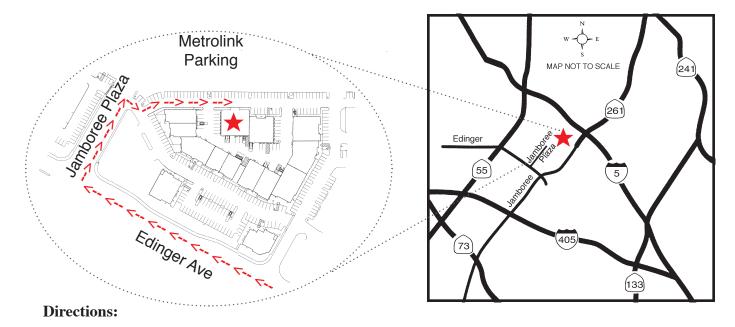


## 3047 Edinger Ave, Tustin CA 92780



## From the North:

Proceed South on the 405 to Jamboree Rd. Exit on Jamboree Rd and turn left. Proceed 2 1/2 miles to Edinger Ave. You must be in the right hand lane to exit Jamboree at Edinger. Turn left onto Edinger Ave. Proceed 1/4 mile to Jamboree Plaza. Turn right onto Jamboree Plaza. Proceed approximately 100 yards. Before the entrance to the Metrolink parking lot, turn right and immediately angle left. Our facility is in the back of the complex across from the Metrolink parking area at 3047 Edinger Ave.

OR

Proceed South on the 5 to Jamboree Rd. Exit on Jamboree Rd and turn right. Proceed 1/2 mile to Edinger Ave. Turn right onto Edinger Ave. Proceed 1/4 mile to Jamboree Plaza. Turn right onto Jamboree Plaza. Proceed approximately 100 yards. Before the entrance to the Metrolink parking lot, turn right and immediately angle left. Our facility is in the back of the complex across from the Metrolink parking area at 3047 Edinger Ave.

## From the South:

Proceed North on the 5 to Jamboree Rd. Exit on Jamboree Rd and turn left. Proceed 1 mile to Edinger Ave. Turn right onto Edinger Ave. Proceed 1/4 mile to Jamboree Plaza. Turn right onto Jamboree Plaza. Proceed approximately 100 yards. Before the entrance to the Metrolink parking lot, turn right and immediately angle left. Our facility is in the back of the complex across from the Metrolink parking area at 3047 Edinger Ave.

Please note that there are numerous different veterinary facilities within our business complex. To avoid unnecessary delays in service, please confirm our business name and address upon your arrival.



## **Hyperthyroid Cat - New Patient Questionnaire**

Please complete the following questionnaire and **bring with you** for your appointment.

1). When was y	our cat first diagnosed	as hyperthyroid?			
2). Has your cat had surgery for hyperthyroidism?			YES	NO	
3). Has your cat been treated with methimazole?			YES	NO	
4.) Has your cat been treated with Hills y/d?			YES	NO	
, ,	ny drugs that your cat h	2		110	
Drug	duration of administration		date last administered		
5). Previous me	dical history:				
Disease	Disease date diagnosed		treatment performed		
6). What type(s) known.)	of foods do you feed	your cat? (Please li	st brands and specifi	c varieties if	
7). Has your cat if applicable.)	displayed any of the fo	ollowing symptom	s? (Please list duration	on of symptoms	
aggressive heha	vior	nervousness			
decreased appet	ecreased appetite panting				
depression poor coat qu		ality			
diarrhea		seeks cool a	reas		
foul smelling ste	ool	tremors			
increased appeti	ite	vomiting			
increased urinat	10n	weakness			
increased water	consumpt.	weight loss			