

CELL PHONE NUMBER TODAY: () -

Ok to text to this number? YES NO



FELINE WELLNESS / EXAM
AUTHORIZATION and MEDICAL RECORD

Owner name: _____ Date: ____/____/____

Address: _____

City: _____ State: ____ Zip: _____ County: _____

Phone #: (____) _____ E-mail: _____

Cat's name: _____ Color: _____ DOB/Age: _____ Breed: _____ M/F: ____

____ Visit Fee \$25 ____ Tech Fee \$15

Parasite Control:

____ Flea/Tick Control*

____ Broad spectrum Dewormer*

____ Heartworm Prevention*

* Price, type of product and availability varies.

____ Nail Trim \$15

____ Ear Clean \$15

____ Anal Gland \$18

Organization Admin fee: \$

Vaccination and Identification:

____ Rabies: 1-yr / 3yr \$10.00

____ FVRCP: Series / 1-yr / 3-yr \$15.00

____ Leukemia: Series / 1-yr / 3-yr \$20.00

3-yr Rabies requires proof of previous vaccination by a licensed veterinarian at time of intake

____ Microchip \$30.00

Labwork:

____ Junior Wellness Profile \$115.00

____ Senior Wellness Profile \$160.00

____ FeLV/FIV Test \$35.00

____ Fecal Exam \$40 ____ Diarrhea Panel: \$110

Additional Services requested: _____

I, the undersigned, certify that I am the owner, or authorized agent, of the animal described above. I authorize the doctor on duty and assistants to perform the services listed above, including the administration of pain relief medications, sedatives, and anesthetics. I understand that, although rare, there are risks with any medical treatment, sedation and anesthetic procedure including drug/vaccine reactions, infection and death. I also understand that no guarantee of successful treatment can be made.

Signature of owner/agent: _____

For Clinic Use Only (do not write below this line)

Exam findings: Wt.(lbs.): ____ T ____ P ____ R ____ BCS ____/9 Dental ____/4

Laboratory tests: _____

Prescriptions: _____

Recommendations: _____

Microchip # _____

CELL PHONE NUMBER TODAY: () -

Ok to text to this number? YES NO

PATIENT HISTORY

Please fill in all information as completely as possible to allow optimal care for your cat

Owners Name: _____ Patient's Name: _____

Telephone number where we can reach you today: () _____

How long have you owned this cat? _____ ☐ Not owned (caretaker/TNR)

Where did you obtain this cat?

☐ Rescue ☐ Breeder ☐ Online ☐ Pet Store ☐ Stray ☐ Friend/Relative ☐ My cat's litter

Is your cat (circle one): ☐ Indoor only ☐ Outdoor Only ☐ Indoor/Outdoor

Has your cat displayed any of the following in the last 2 weeks: (check if yes)

☐ Sneezing ☐ Coughing ☐ Vomiting ☐ Diarrhea

Has your cat ever had a seizure? ☐ No ☐ Yes, explain: _____

Has your cat had **any** previous... (circle yes or no):

...Illness, Injury or Previous Surgery? ☐ No ☐ Yes, please explain: _____

...Drug or vaccine **reaction**? ☐ No ☐ Yes, please explain: _____

Is your cat on any long-term medications? If so, list all _____

Has your cat been given any medications in the last 30 days? If so, list type and why it was given

Has your cat been treated for fleas/ticks? ☐ No. ☐ Yes, what product was used? _____

Is your cat on monthly heartworm prevention? Yes No

If yes, what type? ☐ Revolution ☐ Nexgard ☐ Bravecto Plus ☐ Other: _____

When did your cat last eat? _____

How did you hear about the Rascal Unit? _____

Do you have a regular veterinarian? ☐ Yes ☐ No

IF your cat is female: When was her last heat cycle? _____ ☐ Unsure ☐ Spayed

Has she had any litters? ☐ No ☐ Yes, When? _____

Could your cat pregnant? ☐ Yes ☐ No