

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: ____

Wellness Visit Fee \$15

Parasite Control:

- ____ Broad spectrum Dewormer*
- ____ Heartworm Prevention*
- ____ Flea/Tick Control*

* Price, type of product and availability varies.
Please ask what is available at clinic for current information.

- ____ Nail Trim \$15
- ____ Ear Clean \$15* (may vary due to severity)
- ____ Anal Gland \$18

Vaccination and Identification:

- ____ Rabies \$10.00
- ____ FVRCP \$14.00
- ____ Leukemia \$20.00
- ____ Microchip \$30.00

Labwork:

- ____ Junior Wellness Profile \$65
- ____ Senior Wellness Profile \$129.00
- ____ FeLV/FIV Test \$35.00
- ____ Fecal Examination \$35.00 – 40.00

Organization Admin fee: \$ _____

Additional Services requested or recommended: _____

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 ____ Dental ____

Laboratory tests: _____

Prescriptions: _____

Recommendations: _____



Surgery Date _____

PATIENT CHECK-IN INFORMATION

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?

Shelter Breeder Pet Store Stray Individual Other _____

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

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, please 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

Do you have a regular veterinarian? Yes No

When did your cat last eat? _____

How did you hear about the Rascal Unit? _____

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

Is your cat on monthly heartworm prevention? No Yes

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

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

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

Could your cat be pregnant? Yes No