

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: ____ Fixed? ____

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 the clinic for current information.

____ Nail Trim \$15* (non - refundable if related to temperament)

____ Ear Clean \$15* (may vary due to severity)

____ Anal Gland \$18

Vaccination and Identification:

____ Rabies \$10

____ FVRCP \$14

____ Leukemia \$20

____ Microchip \$30

Labwork:

____ Junior Wellness Profile \$85

____ Senior Wellness Profile \$129

____ FeLV/FIV Test \$35

____ Fecal Examination \$35 – 40

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: _____

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PATIENT HISTORY

Please fill in all the 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 ☐ 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

When did your cat last eat? _____

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: _____

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

How did you hear about the Rascal Unit? _____

Do you have a regular veterinarian? ☐ Yes ☐ No