

**RASCAL UNIT**  
Roaming Animal Sterilization Clinic at low cost



Surgery Date \_\_\_/\_\_\_/\_\_\_

**FELINE SURGERY AUTHORIZATION and MEDICAL RECORD**

Owner name: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Phone #: (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

Cat's name: \_\_\_\_\_ Color: \_\_\_\_\_ Age/DOB: \_\_\_\_\_ Breed: \_\_\_\_\_ M/F: \_\_\_\_\_

**Surgery:**

- \_\_\_ Spay / Neuter
- \_\_\_ Dental (please ask for estimate)

**Parasite Control:**

- \_\_\_ Flea topical treatment\*
- \_\_\_ Dewormer\*
- \_\_\_ Ear clean / Ear mite treatment      \$5-10.00

\* Please ask for price and product available at time of clinic

Clinic Admin fee if applicable \$ \_\_\_\_\_

**Vaccination and Identification:**

- \_\_\_ Rabies      \$7.00
- \_\_\_ FVRCP      \$10.00
- \_\_\_ Leukemia      \$13.00
  
- \_\_\_ Microchip      \$25.00

**Labwork:**

- \_\_\_ Felv/FIV/Heartworm      \$25.00
- \_\_\_ Fecal Examination\*
- \_\_\_ Junior Wellness Profile\*
- \_\_\_ Senior Wellness Profile\*

**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 procedures listed above, including the administration of pain relief medications, sedatives and anesthetics. I have been advised as to the nature of the procedure, the potential risks, and at-home care. I also understand that no guarantee of successful treatment can be made. If my pet is in need of post surgical care, I may contact RASCAL Unit for a no-charge recheck at their location (fees for medications or procedures may apply) or seek another veterinary hospital at my own expense.

**Signature of owner/agent:** \_\_\_\_\_

***For Clinic Use Only***

Pre-op exam: Wt(lbs): \_\_\_\_\_ T: \_\_\_\_\_ P: \_\_\_\_\_ R: \_\_\_\_\_

Pre Med: \_\_\_\_\_

Induction: \_\_\_\_\_

Procedure Description: \_\_\_\_\_

\_\_\_\_\_



Surgery Date \_\_\_/\_\_\_/\_\_\_

**PATIENT CHECK-IN INFORMATION**

**Please fill in all information as completely as possible to ensure optimal care for your pet.  
This form must be filled on the day of surgery, not before.**

Owners Name: \_\_\_\_\_ Patient's Name: \_\_\_\_\_

Telephone number where we can reach you today: (\_\_\_\_) \_\_\_\_\_

How long have you owned this cat? \_\_\_\_\_

Where did you obtain this cat? \_\_\_\_\_

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

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

Sneezing \_\_\_\_    Coughing \_\_\_\_    Vomiting \_\_\_\_    Diarrhea \_\_\_\_

Has your cat ever had a seizure? Yes No

If yes, explain: \_\_\_\_\_

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

...Illness? Yes No If yes, please explain: \_\_\_\_\_

...Injuries? Yes No If yes, please explain: \_\_\_\_\_

...Surgery? Yes No If yes, please explain: \_\_\_\_\_

...Drug or vaccine reaction? Yes No If 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 month? If so, list type and why it was given

IF your cat is female:

When was her last heat cycle? \_\_\_\_\_ Unsure

Has she had any litters? If so, when was the last time? Yes \_\_\_\_\_ No

Is your cat pregnant? (circle one) Yes No Could be

Has your cat been treated or dipped for fleas/ticks in the last month? Yes No

If yes, what product was used? \_\_\_\_\_

When was the last time your cat was Leukemia/FIV tested? \_\_\_\_\_ Not tested

Is your cat on monthly flea and/or heartworm prevention? Yes No

If yes, what type? Frontline Revolution Advantage Multi Other: \_\_\_\_\_

When did your cat last eat? \_\_\_\_\_

How did you hear about RASCAL? \_\_\_\_\_

Do you have a regular veterinarian? Yes No