



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

**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: \_\_\_\_

**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 \$10  
 Ear Clean \$10\* (may vary due to severity)  
 Anal Gland \$15

**Vaccination and Identification:**

- Rabies \$7.00  
 FVRCP \$10.00  
 Leukemia \$15.00  
 Microchip \$25.00

**Labwork:**

- Junior Wellness Profile \$65  
 Senior Wellness Profile \$129.00  
 FeLV/FIV Test \$25.00  
 Fecal Examination \$20.00

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 procedures listed above, including the administration of pain relief medications, sedatives and anesthetics. I understand that, although rare, there are risks with any medical treatment, surgical and anesthetic procedure including infection and death. I also understand that no guarantee of successful treatment can be made. If my cat is in need of post surgical care, I may contact the Rascal Animal Hospital in Dublin 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 (do not write below this line)***

Exam findings: Wt(lbs): \_\_\_\_\_

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.  
This form must be filled on the surgery day, not before**

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

Telephone number where we can reach you on day of surgery: (\_\_\_\_) \_\_\_\_\_

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

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

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? 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 FeLV/FIV tested? \_\_\_\_\_ Not tested Unsure if has been

Is your cat on monthly heartworm prevention? Yes No

If yes, what type? Heartguard Interceptor Revolution Other: \_\_\_\_\_

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

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

Do you have a regular veterinarian? Yes No