

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: \_\_\_\_\_

Parasite Control:

- \_\_\_ Broad spectrum Dewormer\*
- \_\_\_ Heartworm Prevention\*
- \_\_\_ Flea/Tick Control\*

Vaccination and Identification:

- \_\_\_ Rabies \$8.00
- \_\_\_ FVRCP \$10.00
- \_\_\_ Leukemia \$17.00
- \_\_\_ Microchip \$25.00

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

Labwork:

- \_\_\_ Junior Wellness Profile \$65
- \_\_\_ Senior Wellness Profile \$129.00
- \_\_\_ FeLV/FIV Test \$27.00
- \_\_\_ Fecal Examination \$20.00 - 35

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

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): \_\_\_\_\_ T \_\_\_\_\_ P \_\_\_\_\_ R \_\_\_\_\_ BCS \_\_\_\_\_ Dental \_\_\_\_\_

Laboratory tests: \_\_\_\_\_

Prescriptions: \_\_\_\_\_

Recommendations: \_\_\_\_\_

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

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

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

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

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? 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 (**including spay/neuter**)? 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:

If not spayed, 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? \_\_\_\_\_    Has not been tested

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

Do you have a regular veterinarian? Yes    No