

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 \$20.00 – 35.00

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: _____

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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 the Rascal Unit _____

Do you have a regular veterinarian? Yes No