CELL PHONE NUMBER TODAY: ( ) - Ok to text to this number? YES NO

Rascal Unit

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 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:_____

RABIES Certificate

Tag # _____ 1 yr___3 yr___

Rabies Expires :_____

Vaccine Serial (Lot) No._____

Dr: _____

☐ **A Michelle Gonzalez, DVM Lic# 7891**
☐ **Audra Hanthorn, DVM Lic# 10604**
☐ **Allison Middleton, DVM Lic# 203276**

CELL PHONE NUMBER TODAY: ( ) - Ok to text to this number? YES NO

PATIENT HISTORY

Please fill in all 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

_____

IF your cat is female: When was her last heat cycle? _____ Unsure

Has she had any litters? ☐ No ☐ Yes, When? _____

Could your cat pregnant? ☐ Yes ☐ No

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: _____

When did your cat last eat?_____

How did you hear about the Rascal Unit? _____

Do you have a regular veterinarian? ☐ Yes ☐ No