

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 Examination Fee \$12

#### 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 \$12

\_\_\_ Ear Clean \$15\* (may vary due to severity)

\_\_\_ Anal Gland \$17

### Vaccination and Identification:

\_\_\_ Rabies \$8.00

\_\_\_ FVRCP \$11.00

\_\_\_ Leukemia \$18.00

\_\_\_ Microchip \$25.00

### Labwork:

\_\_\_ Junior Wellness Profile \$65

\_\_\_ Senior Wellness Profile \$129.00

\_\_\_ FeLV/FIV Test \$30.00

\_\_\_ 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 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: \_\_\_\_\_

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

**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 (select 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... (type yes or no): \_\_\_\_\_

...Illness? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

...Injuries? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

...Surgery (**including spay/neuter**)? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

...Drug or vaccine **reaction**? \_\_\_\_\_ 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? (select 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