



# Cat Registration

## HUMANE SOCIETY — of Indianapolis —



Guardian/Owner Name \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_  
 State \_\_\_\_\_ Zip \_\_\_\_\_ Phone 1 \_\_\_\_\_ Phone 2 \_\_\_\_\_  
 Email address \_\_\_\_\_  
 How did you hear about this clinic? \_\_\_\_\_

Pet Name \_\_\_\_\_ Age \_\_\_\_\_ (please circle one:) Male Female  
 Has he/she been spayed/neutered/fixated? (circle one) YES NO  
 Breed(s) \_\_\_\_\_ Color(s) \_\_\_\_\_  
 Has your pet been to this clinic before? (circle) YES NO  
 How long have you had this cat? \_\_\_\_\_  
 Where did you get this cat? \_\_\_\_\_  
 How many other cats/dogs do you have at home? \_\_\_\_\_ dogs \_\_\_\_\_ cats  
 Does your cat have a regular veterinarian? (circle one) YES NO If yes, who? \_\_\_\_\_  
 (For female cats) Is it possible that she may be pregnant? (circle) YES NO  
 (For female cats) Date of last heat? \_\_\_\_\_  
 Where does this cat stay? (circle one) INSIDE OUTSIDE BOTH

\*Cats must be in good health to receive vaccinations; those cats with health concerns may not be vaccinated and should be seen by a full service veterinary clinic. There are a small percentage of cats that will have an allergic reaction to vaccinations. Please advise the veterinarian if your cat has had a previous allergic reaction to vaccines. Symptoms of a reaction may include facial swelling, swollen ears, muzzle or eyelids and/or rubbing of the face.

Does your cat seem healthy to you? (circle) YES NO If NO, please explain: \_\_\_\_\_

Circle any illness(es) your pet has had in the past year:  
 Cough Sneezing Vomiting Diarrhea Other \_\_\_\_\_

Approximate date of last vaccines: \_\_\_\_\_  
 Has your cat ever had a reaction to vaccines, injections, medications or an insect bite/sting?  
 (circle) YES NO  
 Has your cat ever had a seizure? (circle) YES NO  
 If YES please describe: \_\_\_\_\_

Date of last Feline Leukemia/FIV test: \_\_\_\_\_  
 Result: (circle one) NEGATIVE POSITIVE NEVER-TESTED

Is your pet presently taking any other medication (antibiotic, allergy meds, etc.)? (circle) YES NO  
 If YES, describe: \_\_\_\_\_

I understand that vaccinations may cause adverse reactions in some animals. I hereby release the Humane Society of Indianapolis, the veterinarians, veterinary assistants, and all of its officers, directors, employees, and members of its staff from any and all claims arising out of, or connected with, giving these vaccinations.

\_\_\_\_\_  
 Client Signature Date

Cat's Name \_\_\_\_\_

Weight \_\_\_\_\_ lbs.  
(weighed at clinic)

**Kitten Vaccination: 6 to 12 weeks of age**

First Visit:  
3 in 1 (Distemper) \$15.00 \_\_\_\_\_  
Strongid Dewormer \$10.00 \_\_\_\_\_

Second Visit: 3-4 weeks after first visit  
3 in 1 (Distemper) \$15.00 \_\_\_\_\_  
Strongid Dewormer \$10.00 \_\_\_\_\_

Third Visit: - 3-4 weeks after second visit  
3 in 1 (Distemper) \$15.00 \_\_\_\_\_  
Strongid Dewormer \$10.00 \_\_\_\_\_

**Cats and Kittens: over 12 weeks of age**

**Full Vaccine Package** 1 year Rabies, 3 in 1 Combo, Feline Leukemia \$37.00 \_\_\_\_\_  
**Vaccine Package** 1 year Rabies, 3 in 1 Combo \$26.00 \_\_\_\_\_

1 year Rabies \$15.00 \_\_\_\_\_  
3 in 1 Distemper Combo \$15.00 \_\_\_\_\_  
Feline Leukemia \$15.00 \_\_\_\_\_

**Feline Leukemia/FIV Combo Test** \$20.00 \_\_\_\_\_ (recommended for cats with unknown history)

**Dewormer – Hookworm, Roundworm, and Tapeworm**

Drontal (8+ weeks of age) \$10.00 \_\_\_\_\_  
Strongid-T Hookworm and Roundworm only \$10.00 \_\_\_\_\_ ( \_\_\_\_\_ cc)

**Flea and Tick Control**

Frontline Plus Individual Dose \$15.00 \_\_\_\_\_  
Frontline Plus (3 months) \$35.00 \_\_\_\_\_  
Capstar (kills adult fleas) – single dose \$4.00 \_\_\_\_\_

**24 Pet Watch Microchip** \$10.00 \_\_\_\_\_  
**Home Again Microchip** \$20.00 \_\_\_\_\_  
(price includes registration)

\*\*There are fees associated with updating your contact information with 24 Pet Watch. Updates for Home Again are free\*\*

**Multi-use Products**

Revolution for cats (3 months supply) \$35.00 \_\_\_\_\_  
Revolution for kittens (3 months supply) \$28.00 \_\_\_\_\_  
Revolution single dose \$15.00 \_\_\_\_\_  
Profender (4 months supply-priced by weight) \$40-\$58 \_\_\_\_\_  
Profender single dose \$14.00 \_\_\_\_\_

Nail Trim \$10.00 \_\_\_\_\_  
\*if restraint required \$20.00 \_\_\_\_\_

**Note: services are not taxed, but products will be charged 7% sales tax.**

**Alternate Contact information for microchips:**

Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

**Other Notes**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_