

# Feline Check-In



Owner First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_ Phone 1 \_\_\_\_\_ Phone 2 \_\_\_\_\_  
Email address \_\_\_\_\_

Cat Name \_\_\_\_\_ Age \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Gender? (Circle) Male / Female Is your cat spayed or neutered? YES / NO / UNKNOWN  
Breed(s) \_\_\_\_\_ Color(s) \_\_\_\_\_

Has your cat been to this clinic before? (Circle) YES / NO  
How did you hear about our clinic? \_\_\_\_\_  
Where and when did you get this cat? \_\_\_\_\_  
How many other cats/dogs do you have at home? \_\_\_\_\_ dogs \_\_\_\_\_ cats \_\_\_\_\_ other  
Does your dog have a regular veterinarian? \_\_\_\_\_ If yes, who? \_\_\_\_\_  
(For females) Is it possible that she may be pregnant? (Circle) YES / NO  
(For females) Date of last known heat? \_\_\_\_\_  
Where does this cat stay? (Circle) INSIDE / OUTSIDE / BOTH  
Does your cat have a Microchip? (Circle) YES / NO

\*\*\*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  
Cough Sneezing Vomiting Diarrhea Other \_\_\_\_\_  
Please explain: \_\_\_\_\_  
Approximate date of last vaccines: \_\_\_\_\_  
Has your cat ever had a reaction to vaccines, injections, medications or an insect bite/sting?  
(Circle) YES / NO If YES please describe: \_\_\_\_\_  
Has your cat ever had a seizure? (Circle) YES NO  
If YES, please describe: \_\_\_\_\_  
Date of last FeLV/FIV test: \_\_\_\_\_ Result: (Circle) NEGATIVE / POSITIVE / NEVER TESTED  
Is your cat 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.

\*\*\*I understand that I will be subject to a \$10 intact animal fee if my animal is over 16 weeks/4 months of age and is not spayed/neutered at the time of services rendered. This fee will go towards the cost of a spay/neuter surgery with IndyHumane and will expire after one year. \*\*\*

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

Date \_\_\_\_\_

# STAFF USE

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

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

Kitten Vaccinations: First Visit:

3 in 1 Vaccine \$15.00 \_\_\_\_\_

Second Visit: (3-4 weeks after first visit)

3 in 1 Vaccine \$15.00 \_\_\_\_\_

Cats and Kittens: Yearly Visit:

Indoor Annual Vaccine Package

Rabies, 3 in 1 Vaccine \$30.00 \_\_\_\_\_

Outdoor Annual Vaccine Package

Rabies, 3 in 1 Vaccine, Feline Leukemia \$40.00 \_\_\_\_\_

Rabies \$15.00 \_\_\_\_\_

(3 months or older. Vaccination required by Indiana state law.)

3 in 1 Vaccine \$15.00 \_\_\_\_\_

(Feline Viral Rhinotracheitis, Calicivirus, and Panleukopenia)

Feline Leukemia \$15.00 \_\_\_\_\_

(Recommended for cats who spend any amount of time outdoors, or may interact with cats with an unknown history.)

Needs booster? Yes / No

Feline Leukemia/Feline Immunodeficiency Virus (FIV) Test

\$20.00 \_\_\_\_\_

(\*\*\* Recommended for new cats or cats with unknown history. \*\*\*)

Fecal Testing - checking for intestinal parasites. Basic: \$15.00 \_\_\_\_\_ Comprehensive: \$25.00 \_\_\_\_\_

Dewormer - Recommended for cats with unknown history, kittens under 4 months, or presenting worms in droppings.

Strongid (pyrantel pamoate) - Hookworm and Roundworm \$10.00 \_\_\_\_\_ (cc given \_\_\_\_\_)

Drontal Plus - Hookworm, Roundworm, Whipworm, and Tapeworm \$15.00 \_\_\_\_\_ (#tabs given \_\_\_\_\_)

Flea and Tick Control

Revolution Single (flea, tick, heartworm) \$15.00 \_\_\_\_\_

Revolution Kitten/Puppy (3 months) \$40.00 \_\_\_\_\_

Revolution Adult Topical (3 months) \$43.00 \_\_\_\_\_

Capstar (kills adult fleas only) (1 Tablet) \$6.00 \_\_\_\_\_

Microchipping

24 Pet Watch Microchip \$10.00 \_\_\_\_\_

Home Again Microchip \$20.00 \_\_\_\_\_

\*\*24 Pet Watch charges a \$21.95 fee each time you update your contact information. \*\*

\*\* Home Again updates are free. \*\*

Cat Carrier \$4.00 \_\_\_\_\_

(\_\_\_ Intact Fee) (\_\_\_ Spay/Neuter Template) (\_\_\_ Declined FIV/FeLV Test) (\_\_\_ VAX Declined)  
(\_\_\_ Fleas Found) (\_\_\_ Teeth Template) (\_\_\_ Ear Template) (\_\_\_ Obese Template) (\_\_\_ Allergy Template)

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

NOTES:  
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