

Feline Check-In



Owner First Name: _____ Last Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone 1: _____ Phone 2: _____
Email address: _____

Cat Name: _____ Breed(s): _____
Age/DOB: _____ Gender: Male / Female Color(s): _____
Is your cat spayed/neutered? YES / NO / UNKNOWN How long have you had this cat? _____

***Cats must be in good health to receive vaccinations; animals with health concerns may not be vaccinated and may be referred to a full-service vet clinic. Pregnant animals should not receive vaccinations other than rabies. There are a small percentage of cats that will have an allergic reaction to vaccines. Reaction symptoms may include swollen face, ears, muzzle, eyelids and/or rubbing of the face. Please advise the vet if your cat is pregnant or previously had an allergic reaction to vaccines. ***

Has this cat been to our clinic before? (Circle) Y / N How did you hear about us? _____
Does your cat have a regular vet? (Circle) Y / N Vet/Office Name: _____
Does your cat have a Microchip? (Circle) Y / N Microchip #: _____
(Females) Is it possible she is pregnant? (Circle) Y / N Date of last heat? _____

Does your cat seem healthy? (Circle) Y / N : Coughing / Sneezing / Vomiting / Diarrhea / Other _____
Has your cat ever had a reaction to vaccines, medications or an insect bite/sting? (Circle) Y / N
If YES, please describe: _____
Date of last vaccines: _____ Date of last FIV/FelV test: _____
Is your cat currently taking heartworm prevention medication? (Circle) Y / N
Is your cat taking any other medication (antibiotic, allergy meds, seizure meds, etc.)? (Circle) Y / N
If YES, please 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 its officers, directors, employees, and members of its staff from all claims arising out of, or connected with, giving these vaccinations. ***

***I will be subject to a \$10 intact animal fee if my animal is over 16 weeks 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 at IndyHumane Animal Welfare Center, and will expire after one year if not used. ***

Client Signature

Date

STAFF USE

Animal #: _____

Weight: _____ lbs.

Rabies \$15 _____ 1Y / 3Y (12+ weeks. Up to date vaccination required by Indiana state law.)
FVRCP \$15 _____ B: Y / N (Feline Viral Rhinotracheitis, Calicivirus, and Panleukopenia.)
FeLV \$15 _____ B: Y / N (Recommended for cats who spend any amount of time outdoors.)

Vaccine Packages:

Indoor Cat Vaccines (Rabies, FVRCP) \$30 _____
Outdoor Cat Vaccines (Rabies, FVRCP, FeLV) \$40 _____

Testing

Idexx SNAP FIV/FeLV Test \$20 _____
Basic Fecal Exam (T805) \$15 _____
Fecal Exam + Giardia (T808) \$25 _____

Microchipping

24PetWatch Microchip \$10 _____
Home Again Microchip \$20 _____

Dewormer

Strongid (pyrantel pamoate) - (Hookworm and Roundworm) \$10 _____ (dose _____)
Drontal (Hookworm, Roundworm, Whipworm, Tapeworm) \$15 _____ (tabs _____)

Flea and Tick Control

Capstar \$6 _____ (1) \$18 _____ (3) \$36 _____ (6) \$72 _____ (12)
Revolution Kitten <5lbs \$15 _____ (1) \$40 _____ (3) \$80 _____ (6) \$160 _____ (12)
Revolution Adult Cat \$15 _____ (1) \$43 _____ (3) \$86 _____ (6) \$172 _____ (12)
Frontline Gold Topical \$15 _____ (1) \$40 _____ (3) \$80 _____ (6) \$160 _____ (12)
Seresto Collar \$55 _____ (1)

Cardboard Cat Carrier

\$4.00 _____

EXAM NOTES:

(___ Intact Fee)
(___ Intact Female)
(___ Intact Male)
(___ Cryptorchid)
(___ Declined HWT)
(___ Declined Vax)
(___ Allergies)
(___ Dental Recc.)
(___ Ear Infection)
(___ Fleas Found)
(___ Overweight)