

# 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? \_\_\_\_\_

Has this cat been to our clinic before? YES / NO How did you hear about us? \_\_\_\_\_

Does this cat have a microchip? YES / NO / UNKNOWN Microchip #: \_\_\_\_\_

Does your cat seem healthy? (Circle) YES / NO : Coughing / Sneezing / Vomiting / Diarrhea  
Other \_\_\_\_\_

Has your cat ever had a reaction to vaccines, medications or an insect bite/sting? (Circle) YES / NO  
If YES, please describe: \_\_\_\_\_

Date of last vaccines (if known): \_\_\_\_\_

Last FIV/FelV test: \_\_\_\_\_ Is your cat currently taking heartworm prevention? (Circle) YES / NO

Is your cat taking any other medication (antibiotic, allergy meds, seizure meds, etc.)? (Circle) YES / NO  
If YES, please describe: \_\_\_\_\_

(Females only) Is she possibly is pregnant? (Circle) YES / NO Date of last known heat? \_\_\_\_\_

\*\*\* Pets must be in good health to receive vaccinations; pets with health concerns may be referred to elsewhere. Pregnant animals should not receive vaccinations. There are a small percentage of pets that will have an allergic reaction to vaccines, including a swollen face, ears, muzzle, eyelids and/or rubbing of the face. Please advise the vet if your pet is pregnant or previously had an allergic reaction to vaccines. I hereby release the Humane Society of Indianapolis, the veterinarians, veterinary assistants, and all its members of staff from all claims arising from, or connected with, giving these vaccinations. \*\*\*

\*\*\* I will also be subject to a \$10 exam 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.

## DUE

\_\_\_\_\_ Rabies \$15 \_\_\_\_\_ 1Y / 3Y  
\_\_\_\_\_ FVRCP \$15 \_\_\_\_\_ B: Y / N  
\_\_\_\_\_ FeLV \$15 \_\_\_\_\_ B: Y / N

## 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) \$10 \_\_\_\_\_ (dose \_\_\_\_\_)  
Drontal/Profender \$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 Animal)  
(\_\_\_ Cryptorchid)  
(\_\_\_ Declined HWT)  
(\_\_\_ Declined Vax)  
(\_\_\_ Allergies)  
(\_\_\_ Dental Recc.)  
(\_\_\_ Ear Infection)  
(\_\_\_ Fleas Found)  
(\_\_\_ Overweight)