

# 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 this 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 this clinic? \_\_\_\_\_

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

Does this cat seem healthy? YES / NO / UNKNOWN: Coughing / Sneezing / Vomiting / Diarrhea

Other \_\_\_\_\_

Has this cat ever had a reaction to vaccines, meds or an insect bite/sting? YES / NO / UNKNOWN

If YES, please describe: \_\_\_\_\_

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

Date of last FIV/FelV test: \_\_\_\_\_ Is your cat on heartworm prevention? YES / NO / UNKNOWN

Is this cat taking any other medication (antibiotic, allergy, seizure meds, etc.)? YES / NO / UNKNOWN

If YES, please describe: \_\_\_\_\_

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

Does this cat go outside at all? YES / NO / SOMETIMES: \_\_\_\_\_

\*\*\* Pets must be in good health to receive vaccinations; pets with health concerns may be referred to elsewhere.

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

\*\*\* There \$10 exam fee if your animal is over 16 weeks of age and is not spayed/neutered at the time of services. This fee can be used towards a spay/neuter surgery at IndyHumane Animal Welfare Center for one year. \*\*\*

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

\_\_\_\_\_  
*Date*

# STAFF USE

Animal #: \_\_\_\_\_

Weight: \_\_\_\_\_ lbs.

**DUE:**

\_\_\_\_\_ Rabies (\$15 \_\_\_\_\_) 1Y / 3Y  
\_\_\_\_\_ FVRCP (\$15 \_\_\_\_\_) 1M / 1Y  
\_\_\_\_\_ FeLV (\$15 \_\_\_\_\_) 1M / 1Y

**VACCINE STICKERS**

**Testing:**

FIV/FelV Combo Test (\$20 \_\_\_\_\_)

**Microchipping:**

(HomeAgain \$20 \_\_\_\_\_)

(24PetWatch \$15 \_\_\_\_\_)

**Fecal Exams:**

Basic Fecal Exam (T805) (\$20 \_\_\_\_\_)

Fecal Exam + Giardia (T808) (\$30 \_\_\_\_\_)

**Dewormer:**

Strongid (pyrantel) (\$10 \_\_\_\_\_) (dose \_\_\_\_\_)

Drontal/Virbantel (\$15 \_\_\_\_\_) (tabs \_\_\_\_\_)

**Flea and Tick Control:**

Capstar (\$8 \_\_\_\_\_)

Seresto Collar (\$55 \_\_\_\_\_)

Frontline Gold (1 for \$15 \_\_\_\_\_) (3 for \$45 \_\_\_\_\_) (6 for \$90 \_\_\_\_\_) (12 for \$180 \_\_\_\_\_)

Revolution Kitten (1 for \$15 \_\_\_\_\_) (3 for \$45 \_\_\_\_\_) (6 for \$90 \_\_\_\_\_) (12 for \$180 \_\_\_\_\_)

Revolution Cat (1 for \$20 \_\_\_\_\_) (3 for \$50 \_\_\_\_\_) (6 for \$100 \_\_\_\_\_) (12 for \$200 \_\_\_\_\_)

**Carriers:**

Cardboard Cat Carrier (\$5 \_\_\_\_\_)

**Exam Notes:**

(\_\_ Exam Fee)

(\_\_ Intact)

(\_\_ Cryptorchid)

(\_\_ Declined HWT)

(\_\_ Declined Vax)

(\_\_ Allergies)

(\_\_ Dental Soon)

(\_\_ Ear Infection)

(\_\_ Fleas Found)

(\_\_ Overweight)

STAFF USE