

Feline Check-In



Owner Full Name: _____ Person # (Staff): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone 1: _____ Phone 2: _____

Email address: _____

Cat Name: _____ Approx. Age/DOB: _____

Breed(s): _____ Short/Med/Long Hair Color(s): _____

Gender: Male / Female Pattern: _____

Is this cat spayed/neutered? YES / NO / UNKNOWN How long have you had this cat? _____

Has this CAT been to any Indy Humane Vaccine 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 Downtown for one year. ***

Client Signature

Date

STAFF USE

Animal #: _____ Name: _____ Weight: _____ lbs.

Due Dates:

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

VACCINE STICKERS

Testing:

_____ FIV/FeLV Combo Test (\$20 _____)

Microchipping:

24PetWatch (\$15 _____)

Fecal Exams:

Basic Fecal Exam (T805) (\$20 _____)
Fecal Exam + Giardia (T808) (\$30 _____)

Dewormer:

Strongid (pyrantel) (\$5 _____)
Drontal/Virbantel (\$20 _____)
Centragard (\$20 _____)

Flea and Tick Control:

Capstar (\$8 _____)
Seresto Collar (\$55 _____)
Frontline Gold (1 for \$20 _____) (3 for \$50 _____) (6 for \$100 _____) (12 for \$200 _____)
Revolution Kitten (1 for \$20 _____) (3 for \$50 _____) (6 for \$100 _____) (12 for \$200 _____)
Revolution Cat (1 for \$20 _____) (3 for \$50 _____) (6 for \$100 _____) (12 for \$200 _____)

Nail Trim: (\$10 _____)

Carriers:

Cardboard Cat Carrier: (\$7 _____)

Exam Notes:

(_____) Exam Fee \$10
(_____) Intact

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