



FELINE SURGERY AUTHORIZATION and MEDICAL RECORD

Owner name: _____ Date: ____/____/____

Address: _____

City: _____ State: ____ Zip: _____ County: _____

Phone #: (____) _____ E-mail: _____

Cat's name: _____ Color: _____ Age or DOB: _____

Breed: _____ M/F: ____

Surgery:

- Spay / Neuter
- Dental (please ask for estimate)

Parasite Control:

- Advantage Multi (fleas and more) \$12.00
- Broad spectrum Dewormer
 - Less than 5.5 lbs \$10.00
 - 5.5 to 11 lbs \$12.50
 - 11 lbs or more \$15.00
- Ear clean / Ear mite treatment \$5.00
- Flea and intestinal parasite treatment \$20.00
- Fecal Examination \$13.00

Vaccination and Identification:

- Rabies \$7.00
- FVRCP \$10.00
- Leukemia \$13.00
- All three vaccines \$25.00
- Microchip \$15.00

Labwork:

- Felv/FIV/Heartworm \$20.00
- Junior Wellness Profile \$45.00
- Senior Wellness Profile \$90.00

Additional Services requested or recommended: _____

I, the undersigned, certify that I am the owner, or authorized agent, of the animal described above. I authorize the doctor on duty and assistants to perform the procedures listed above, including the administration of pain relief medications, sedatives and anesthetics. I have been advised as to the nature of the procedure, the potential risks, and at-home care. I also understand that no guarantee of successful treatment can be made. If my pet is in need of post surgical care, I may contact RASCAL Unit for a no-charge recheck at their location (fees for medications or procedures may apply) or seek another veterinary hospital at my own expense.

Signature of owner/agent: _____

For Clinic Use Only

Pre-op exam: Wt(lbs): _____ T: _____ P: _____ R: _____

Pre Med: _____

Induction: _____

Procedure Description: _____

RABIES Certificate		
Tag # _____	1 yr	3 yr
Rabies Expires on: _____		
Vaccine Serial (Lot) No. _____		
Dr: _____		
A. Michelle Gonzalez, DVM License 7891		



PATIENT CHECK-IN INFORMATION

Please fill in all information as completely as possible to ensure optimal care for your pet.

Owners Name: _____ Patient's Name: _____

Telephone number where we can reach you today: (____) _____

How long have you owned this animal? _____

Where did you obtain this pet? _____

Has your pet displayed any of the following in the last 2 weeks: (check if yes)
 Sneezing ____ Coughing ____ Vomiting ____ Diarrhea ____

Has your pet ever had a seizure? Yes No
 If yes, explain: _____

Has your pet had any previous... (circle yes or no):
 ...Illness? Yes No If yes, please explain: _____
 ...Injuries? Yes No If yes, please explain: _____
 ...Surgery? Yes No If yes, please explain: _____
 ...Drug or vaccine reaction? Yes No If yes, please explain: _____

Is your pet on any long-term medications? If so, list all _____

Has your pet been given any medications in the last month? If so, list type and why it was given

If your pet is female:
 When was her last heat cycle? _____ Unsure
 Has she had any litters? If so, when was the last time? Yes _____ No
 Is your pet pregnant? (circle one) Yes No Could be

Has your pet been treated or dipped for fleas/ticks in the last month? Yes No
 If yes, what product was used? _____

When was the last time your pet was:
 Heartworm tested? _____ Not tested Unsure if has been
 Leukemia/FIV tested? (cats only) _____ Not tested Unsure if has been

Is your pet on monthly heartworm prevention? Yes No
 If yes, what type? Heartguard Interceptor/Sentinel Revolution Iverheart

When did your pet last eat? _____

How did you hear about RASCAL? _____

Do you have a regular veterinarian? Yes No