

☐ Recheck ☐ Walk-In Arrival Time: _____ Appointment Time: _____

TEXAS LITTER CONTROL WELLNESS CHECK IN FORM – CAT

Today's Date:		Phone Number for TODAY :	
Pet's Name:		Owner's Name:	
Sex:	<input type="checkbox"/> Female <input type="checkbox"/> Male	Altered?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Breed:		Approximate Age:	
		Color/Description:	

MEDICAL HISTORY

Does your cat go outdoors?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your cat have any known medical conditions (drug reactions, vaccine reactions, heartworm positive, FIV positive, FeLV positive or any other disease)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, please describe:	
Is your cat on any medications other than heartworm or flea prevention?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, please list:	
Has your pet been eating and drinking normally?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has your pet been sneezing, coughing, vomiting or had diarrhea?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Female Cats

Is there any chance she is pregnant?	<input type="checkbox"/> Yes <input type="checkbox"/> No
--------------------------------------	--

You will be charged an exam fee. All other services are a la carte. You can scan the QR code for a list of all services offered and pricing.

Would you like to donate to help spay/neuter in your community? <input type="checkbox"/> \$1 <input type="checkbox"/> \$5 <input type="checkbox"/> \$10 <input type="checkbox"/> \$_____		
<input type="checkbox"/> Rabies	<input type="checkbox"/> Capstar	<input type="checkbox"/> FeLV Test - <input type="checkbox"/> Neg <input type="checkbox"/> Pos
<input type="checkbox"/> FVRCP	<input type="checkbox"/> Bravecto Qty:	<input type="checkbox"/> FIV Test - <input type="checkbox"/> Neg <input type="checkbox"/> Pos
<input type="checkbox"/> FeLV	<input type="checkbox"/> Credelio Qty:	<input type="checkbox"/> Ear Cleaning/Ear Mite Trmt
<input type="checkbox"/> Drontal	<input type="checkbox"/> Imidacloprid/Moxidectin Topical Qty:	<input type="checkbox"/> Skin Scrape
<input type="checkbox"/> Strongid T	<input type="checkbox"/> Profender Qty:	<input type="checkbox"/> Skin Cytology
<input type="checkbox"/> Praziquantel	<input type="checkbox"/> Bloodwork:	<input type="checkbox"/> Fecal Float
<input type="checkbox"/> Microchip	<input type="checkbox"/> Prescription Fee:	<input type="checkbox"/> Ear Cytology
<input type="checkbox"/> eCollar	<input type="checkbox"/> Other:	



Payment method: ☐ Cash ☐ Debit Card ☐ Credit Card-3% Surcharge Applies
☐ Other

Scan QR Code for pricing.

FOR INTERNAL USE ONLY

Weight: _____

Visit Type: ☐ Vet ☐ Tech

Vaccine Stickers:

Notes:

Audited by:
