



WELLNESS  
DROP OFF HISTORY

FELINE

CLIENT: PET: CONTACT # FOR TODAY:

FOR TREATMENT: (Please check one)
[ ] If doctor is unable to reach me, I authorize up to \$200 in initial diagnostics or treatment.
[ ] Other than the services listed on check-in sheet, no additional charges are authorized without my approval.

SIGNATURE:

MEDICAL HISTORY:

Your pet lives (circle one): INDOORS OUTDOORS BOTH

Current diet: Brand/Type: Amount Fed/How Often:

Monthly Heartworm / Flea / Tick Prevention? (circle one): REVOLUTION PLUS ADVANTAGE MULTI OTHER:

Any other medications or supplements? Please list name and amount given/how often

Our Vaccination Recommendations:

CATS: All adult cats should be vaccinated for Rabies yearly with Purevax, and Distemper/Rhino/Panleuk every 3 years
Kittens and outdoor cats (or cats that have contact with housemates that go outdoors) should be vaccinated for Leukemia every 2 years.

Would you like your cat's vaccines updated today? Y N

Our Annual Testing Recommendations:

CATS: We recommend yearly wellness bloodwork testing on any cat, but especially if over 7 years old.
We recommend yearly fecal exam for parasites on all cats. We also recommend Leukemia and FIV testing on outdoor cats.

Would you like to have bloodwork performed today? Y N

Would you like to have a fecal exam performed today? Y N

ANY CONCERNS YOU WOULD LIKE ADDRESSED TODAY?: