

Kitten Wellness Exam
For The Health Of Your Pet

Date: _____

Name: _____

Address: _____

Area Code/Phone Number: _____

Email Address: _____

Pet Name: _____

Please take the time to complete this questionnaire. It will help us to better serve you and
your kitten!

Check All That Apply

- | | | |
|----------------------------------------------------|----------------------------------------------------|--------------------------------------|
| <input type="radio"/> Skin/coat changes | <input type="radio"/> Less interaction with family | <input type="radio"/> Weight changes |
| <input type="radio"/> Doesn't always use litterbox | <input type="radio"/> Coughing | <input type="radio"/> Sneezing |
| <input type="radio"/> Tremors or shaking | <input type="radio"/> Diarrhea or constipation | <input type="radio"/> Scratching |
| <input type="radio"/> Vomiting | <input type="radio"/> Hiding | <input type="radio"/> Worms in stool |
| <input type="radio"/> Seizures | <input type="radio"/> Allergies | <input type="radio"/> Indoors only |
| <input type="radio"/> Changes in appetite | <input type="radio"/> Outdoors only | |
| <input type="radio"/> Indoor/outdoors | | |

Brand of Food (s) _____ Table Scraps ___yes ___no

Flea preventative used (circle brand) Advantage Frontline Revolution Other _____

List current medications: _____

Questions or health concerns: _____

Thank you for taking the time to fill out this important questionnaire. It will help us to better serve you and your pet. Please return this paperwork to the receptionist when complete.

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How may we serve you today?

Core vaccines recommended based on University of Florida vaccine protocol

FVRCP

River Ridge Animal Clinic uses the recommended vaccine protocol that has been issued by the University of Florida. Their recommendations for “core” vaccines (basic minimum vaccines for all kittens) include FVRCP. This vaccine protects against:

- **Feline Viral Rhinotracheitis** (aka feline herpes), a highly contagious respiratory disease characterized by sneezing, loss of appetite, fever, and eye inflammation.
- **Calicivirus**, another serious feline respiratory infection with which cats may show signs of ulcers on the tongue.
- **Panleukopenia** (aka feline distemper): a contagious disease whose symptoms include fever, loss of appetite, vomiting, and diarrhea.

This vaccine must be boosted 3 weeks after the initial injection in cats that have never received this vaccine before. The cost for this vaccine is \$16 .00.

Yes, I want my cat vaccinated with the FVRCP vaccine _____

No, I decline vaccination for my cat _____

Rabies Vaccine

Rabies vaccination is required by Florida state law and is not an optional vaccine. This vaccination is administered between 14 and 16 weeks of age. The cost for this vaccine is \$18.00.

Yes, I authorize a rabies vaccine to be administered _____

Optional vaccines and testing recommended based on risk factors

Feline Leukemia Vaccine

Feline leukemia virus is the leading viral killer of cats. The virus is spread through the saliva and nasal secretions of infected cats. Infection is transmitted through prolonged contact with infected cats, bite wounds, and from an infected mother cat to her kittens. Cornell University estimates that fewer than 20% of infected cats will survive more than 3 years after being infected. The veterinarians at River Ridge animal clinic recommend that all kittens be tested prior to vaccination. This vaccine must be boosted 3 weeks after the initial injection. The cost for this vaccine is \$22.

Yes, I want my cat to be vaccinated against feline leukemia _____

No, I decline leukemia vaccine for my cat _____

Feline Leukemia/FIV (feline immunodeficiency virus) Test

All new kittens and cats being brought into a household should be tested for feline leukemia and FIV. The veterinarians at River Ridge animal clinic recommend testing annually for cats at risk for these diseases. Kittens should be tested when they are at least 12 weeks old. The cost of this test is \$38 .00.

Yes, I want my cat to be tested for feline leukemia and FIV _____

No, I decline testing for my cat _____

Fecal Parasite Analysis

According to the Companion Animal Parasite Council (CAPC), kittens should be dewormed at ages 2, 4, 6, and 8 weeks. Since most kittens are not dewormed at these times, the veterinarians at River Ridge Animal Clinic recommend that the deworming be done through the age of 16 weeks. Kittens should be put on a monthly parasiticide(like Revolution) at 8 weeks of age. According to the US government's Center for Disease Control, some dog and cat parasites can be transmitted to humans, especially small children and immunosuppressed family members. These parasites can cause potentially serious health problems, including skin rashes, intestinal disease, blindness, seizures, encephalitis, and meningitis. We recommend a fecal parasite test (microscopic examination of the feces) be performed at least twice while your cat is a kitten and then annually for adult cats. Many of these parasites cannot be seen by the naked eye. The cost for these services is based on the weight of the cat.

Yes, I want my cat dewormed and a fecal parasite tests performed_____

No, I decline deworming and a fecal parasite test for my cat_____

I, the undersigned owner of the pet identified below, declined fecal parasite test and/or treatment for my pet as recommended by River Ridge Animal Clinic. I understand that this fecal parasite test and treatment for intestinal parasites is aimed primarily at improving or maintaining the health of my pet. I have been informed that eliminating intestinal parasites from my pet is also important for the health of my family and the community. In the event that any individual, including myself, contracts or develops a medical problem caused by intestinal parasites that could have been diagnosed and treated in my pet by conducting a fecal parasite tests and/or prevented by administering the recommended parasiticide to my pet, I agree to hold the staff at this practice harmless for any of the fees related to the diagnosis or treatment of such symptoms, or for any temporary or permanent injuries related to such a parasite infection that might have been prevented had such a test or treatment been performed.

Owner's Signature:_____

Date:_____

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