



# DOMINION CROSSING VETERINARY HOSPITAL

## FELINE PATIENT VACCINATION & PARASITE ASSESSMENT

CLIENT NAME: \_\_\_\_\_

Welcome to our practice! Please take a few minutes to fill out this assessment so that we can get a bit more information about your cat and make the best recommendations possible for his or her lifestyle and activities.

My cat lives in a \_\_\_\_\_ single cat household, \_\_\_\_\_ multi-cat household

My cat lives \_\_\_\_\_ strictly indoors, \_\_\_\_\_ strictly outdoors, \_\_\_\_\_ indoor/outdoor

Heartworm prevention product currently used: \_\_\_\_\_

Flea prevention product currently used: \_\_\_\_\_

Strict monthly use (\_\_\_\_) or, I skip the occasional dose (\_\_\_\_)

Texas law requires all dogs and cats receive a rabies vaccination every 1 to 3 years depending on the county of residence and type of vaccination used.

Additional vaccinations may be given after the veterinarian assesses your pet's risk of exposure to other diseases. Basic (core) vaccinations include **Rabies** and **FVRCP**. Depending on risk factors **Leukemia** vaccine may be recommended.

We recommend annual **fecal parasite screening**. Some internal parasites are contagious not only to other pets but also to humans. I would like to have my cat tested today (if due)

\_\_\_\_\_ Accept \_\_\_\_\_ Decline

I have read through the above information and would like to proceed with the needed treatments base don the information provided from my veterinarian. I understand that I will not be charged for any treatments not needed or provided to my pet.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_