

# CSRA LIFE SAVER FELINE CONSENT FORM

[Cht #: \_\_\_\_\_ Chk In: Y / N]

Owner's Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/State/ZIP Code \_\_\_\_\_  
 Phone Number \_\_\_\_\_  
 Email Address \_\_\_\_\_

**New Client? Yes or No**

Cat Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Age: \_\_\_\_\_ Color: \_\_\_\_\_ Sex: Male or Female

*Is your pet aggressive? YES/NO - Prone to bite? YES / NO* Date of Birth (if known): \_\_\_\_\_

**Circle YES or NO for the following:**

- Is your pet fixed?: **Yes or No**
- Is your pet currently in heat/pregnant?: **Yes or No**
- Is your pet already microchipped?: **Yes or No**
- Has your pet ever had an **adverse reaction to vaccines or are they being treated by a full service vet for any other illnesses** that you are aware of?: **Yes or No**

**Today my cat needs the following (check all that apply):**

- Physical Exam**
  - Rabies (4 months or older; required by law)**
  - FVRCP (upper respiratory vaccines/"kitten shot")**
  - Feline AIDS/Leukemia Test (Recommended 12 weeks & older)**
  - Leukemia Vaccine (Recommend test first)**
  - Fecal Exam**
  - Dewormer or Tapeworm Dewormer**
  - Ear Parasite Exam**
  - Flea & Tick Prevention: Yes or No**
- Product:** \_\_\_\_\_

**Office Use Only:**

**E: Current? Y/N      Declined? Y/N**  
**R: Current? Y/N      Declined? Y/N**  
 Tag #: \_\_\_\_\_  
**F: Current? Y/N      Declined? Y/N**  
**Lk: Current? Y/N      Declined? Y/N**  
**Leuk Test: Current? Y/N**  
    **Declined? Y/N**

Miscellaneous: \_\_\_\_\_

I hereby acknowledge that I am giving CSRA LIFE SAVER my consent to give the following vaccines to my cat. I understand that my pet may be exposed to the diseases described above. I understand that the vaccination of my pet will substantially reduce but may not completely eliminate my pet's chances of contracting the disease or diseases vaccinated against. I have had an opportunity to ask any questions I have concerning this information and vaccinations, and I have had all my questions answered to my satisfaction. I do understand that a veterinarian may or may not be examining my pet today and give my consent for a properly trained tech to administer the vaccines.

**TODAY I WILL BE PAYING WITH (Circle One):**                      **CASH**                      **CARD**

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

**Veterinarian Use Only Beyond This Point**

<p><b>Heart:</b></p> <p><input type="checkbox"/> Normal</p> <p><input type="checkbox"/> Abnormal</p> <p>Notes: _____</p>	<p><b>Teeth:</b></p> <p><input type="checkbox"/> Normal</p> <p><input type="checkbox"/> Tartar build up</p> <p>Notes: _____</p>	<p><b>Eyes:</b></p> <p><input type="checkbox"/> Normal</p> <p><input type="checkbox"/> Abnormal</p> <p>Notes: _____</p>	<p><b>Weight:</b> _____</p> <p><b>BCS:</b>    /9</p> <p><b>Ideal:</b></p> <p><b>Temp:</b> _____</p> <p>Microchip?</p> <p style="text-align: center;">Y    N</p> <p>Chip #</p> <p>_____</p>
<p><b>Ears:</b></p> <p><input type="checkbox"/> Clean</p> <p><input type="checkbox"/> Dirty</p> <p>Notes: _____</p>	<p><b>Palpation:</b></p> <p><input type="checkbox"/> Normal</p> <p><input type="checkbox"/> Abnormal</p> <p><input type="checkbox"/> Both testicles descended</p> <p>Notes: _____</p>	<p><b>Skin:</b></p> <p><input type="checkbox"/> Normal</p> <p><input type="checkbox"/> Abnormal</p> <p>Notes: _____</p>	<p><input type="checkbox"/> Recommend FSV for treatment on above noted observations</p> <p><input type="checkbox"/> <b>Booster in 3 weeks</b></p>