

Aggieland Pets with a Purpose Feline Veterinary Screening

Owner's Name: _____

Cat's Name: _____ Age: _____ Breed: _____

Address _____

Phone #'s _____ E-mail address _____

ATTENTION VETERINARIAN

The owner and cat listed above are interested in participating in a pet facilitated therapy program. This involves working closely with children and adults of all ages who suffer from serious illness, psychiatric conditions, or who have been involved in a serious accident. It is imperative that the health of the cat be excellent and the temperament sound. Please evaluate the cat carefully and note your findings.

Proof of Vaccinations:

Date given

FVRCP _____ (every 1-3 years)

Rabies _____ (yearly/3 year)

Last date checked for internal parasites: _____ **Pos Neg**

Is this cat on flea/tick preventative consistently? **Yes No**

Skin Condition and coat: **normal abnormal** _____

Condition of teeth and gums: **normal abnormal** _____

Check for external parasites: **present absent** _____

Please describe the cat's behavior during the exam:

Friendly Outgoing Reserved Shy Nervous Snappy Aggressive

Have you ever observed this cat exhibiting aggressive tendencies at people or other animals?

Yes No

Overall does this cat appear healthy.

Yes No

I certify that all the above information is correct to the best of my knowledge.

Veterinarian Signature: _____

Date: _____

Veterinarian Stamp or address/phone:

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