

## Aggieland Pets with a Purpose Feline Veterinary Screening

Owner's Name: \_\_\_\_\_  
Animal Name: \_\_\_\_\_ Breed \_\_\_\_\_ Age & Gender (spay or neuter) \_\_\_\_\_  
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 of the above information is correct to the best of my knowledge.

Veterinarian Signature: \_\_\_\_\_

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

Veterinarian Stamp or address/phone: