

Vaccine/Sick Sign In Form (NO SURGERY)

To receive service (12 weeks of age) you must receive rabies or show proof that pet is current

Please eligibly and fully fill in form for each individual patient vet state board rule

Owners Information:

Rabies #

<u>Last Name:</u>	<u>First Name:</u>	<u>Phone:</u>	<u>2nd Phone:</u>
<u>Address:</u>	<u>Apt #:</u>	<u>City:</u>	<u>State:</u>
			<u>Zip:</u>

Pet's Information:

Cat Dog Other Temperament:

<u>Name:</u>	<u>Breed:</u>	<u>Sex:</u> M or F	<u>Spayed/Neutered</u> (Y or N)	<u>Description/Color:</u>	<u>Age:</u>
				<u>Weight:</u>	
<u>How did you acquire this pet & how long have you had this pet?</u>			<u>Past injuries/surgeries/treatments? :</u>		
<u>Date of last heartworm test:</u>		<u>Positive or negative On heartworm prevention? Yes or No</u>		<u>Last dose:</u>	

Health Problems/ Complaints ?:

<u>Any changes in :</u> <input type="checkbox"/> appetite <input type="checkbox"/> Drinking <input type="checkbox"/> Activity		<u>*Has pet:</u> <input type="checkbox"/> Sneezed <input type="checkbox"/> coughed <input type="checkbox"/> Vomited <input type="checkbox"/> Had Diarrhea	
<u>Where does pet live?</u> <input type="checkbox"/> Outdoors <input type="checkbox"/> Indoors <input type="checkbox"/> Both		<u>*Allergies:</u>	
<u>Has pet ever had a litter?</u> (Yes or No) * If yes then how long ago ?		<u>* Any deaths, Stillborn?</u>	
<u>Current vaccines/ Medication:</u>			
<u>Reaction to Vaccine or medication:</u>			

Cats

What is your pet having done today (Please check box)

Dogs

<input type="checkbox"/> Kitten Pack 6-11 weeks Exam, FRCP Vaccine, worm treatment	\$35	<input type="checkbox"/> Puppy Pack 6-11 weeks Exam, DA2PPV Vaccine, worm treatment	\$35
<input type="checkbox"/> Cat Pack #1 (already spayed/Neutered) Exam, Rabies, FeLV/FIV Combo Test, Leukemia & FRCP Vaccine	\$75	<input type="checkbox"/> Dog Pack # 1 Exam, Rabies, DA2PPV, Kennel cough vaccines, heartworm test	\$60
<input type="checkbox"/> Cat Pack #2 (already spayed/Neutered) Exam, Rabies, FRCP, & Leukemia Vaccine	\$50	<input type="checkbox"/> Dog Pack #2 Exam, Rabies, DA2PPV, Kennel Cough Vaccines	\$45
<input type="checkbox"/> Cat pack #3 (already Spayed/neutered) Exam, Rabies, FRCP Vaccine	\$35	<input type="checkbox"/> Dog Pack #3 Exam, Rabies, DA2PPV Vaccines	\$35
<input type="checkbox"/> Rabies (required by law)	\$15	<input type="checkbox"/> Rabies (required by law)	\$15
<input type="checkbox"/> Exams (NO Surgery)	\$10	<input type="checkbox"/> Exams (NO Surgery)	\$10
<input type="checkbox"/> Flea treatment (1 Application)	\$10	<input type="checkbox"/> Dog DA2PPV Vaccine/ Booster	\$20
<input type="checkbox"/> Ear Mite Treatment	\$10	<input type="checkbox"/> DA2PP Lepto Vaccine	\$25
<input type="checkbox"/> Cat FeLV / FIV Combo Test	\$25	<input type="checkbox"/> Dog Kennel Cough Vaccine	\$20
<input type="checkbox"/> Cat FRCP Vaccine	\$20	<input type="checkbox"/> Influenza Vaccine	\$25
<input type="checkbox"/> Cat Leukemia Vaccine	\$20	<input type="checkbox"/> Heartworm Test	\$25
<input type="checkbox"/> Regular Worm Treatment \$10/ Tapeworm	\$15-\$25	<input type="checkbox"/> Heartworm Prevention/ Flea Tick Medicines	
<input type="checkbox"/> Microchip	\$25	<input type="checkbox"/> Allergy Injections	\$25
<input type="checkbox"/> Bloodwork T4	\$100	<input type="checkbox"/> Prescription (ONE YEAR)	\$10

***By signing below you agree to the procedures you checked above & refuse the ones you did not check.** You state that you are the owner or agent of this animal and have the authority to consent. I understand that risk and potential complications, including death, allergic reactions exist with anesthesia, surgery, heartworm treatment and on rare occasions vaccines. I accept the stipulation that the veterinarians and staff will not be held liable or responsible for any complications that may occur including escape. **Please save or take a picture of your pets records; duplicates require a written request which can take up to 10 days.**

***SIGN:** _____ **DATE:** _____ **PAID:** _____