

Clinic Reservation Request

(An "Agreement & Release of Liability" form referencing the incorporation of this document will be sent to you for your review & signature at the time we confirm your appointment.)

Owner's Name _____ Email _____

Address _____ Cell Phone (____) _____
Street City Zip Code

Pet's Name _____ Birth Date ____/____/____ Female Male Spayed/Neutered Yes No
Mo Day Yr

Breed _____ Color(s) _____ Approximate Weight _____

Microchip # _____ Pet License # _____

Name & Phone # of Other Person Authorized to bring or pick up Pet: _____ (____) _____

● CLINIC DATE REQUESTED (*Dates & Locations are on our website Calendar*): _____

◆ **I am interested in a VACCINE PACKAGE which entitles me to a discount for each consecutive future visit.**

Perfect for pets needing additional vaccines the following month(s). No additional paperwork needs to be submitted & appointments are automatically & conveniently reserved. Yes No

◆ I understand a \$25 non-refundable deposit is due for each pet at the time my appointment is confirmed and will be applied to the total amount due for services to be rendered.

SERVICES / PRODUCTS REQUESTED

(Check all boxes which may be needed for your pet. Exam Fee is charged for each pet seen. We will discuss services with you prior to scheduling.)

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| ◆ Exam Fee (Includes Cursory Exam & Haz Mat Disposal) \$20 <input checked="" type="checkbox"/> | • Rabies Vaccine (Thimerosal-Free) (Dogs) \$10 <input type="checkbox"/> |
| • Dental Exam (Dogs / Cats) \$15 <input type="checkbox"/> | • DHPP (DA2PP) Vaccine (Dogs) \$25 <input type="checkbox"/> |
| • Microchip (includes chip registration) (Dogs / Cats) \$35 <input type="checkbox"/> | • Oral Bordetella Vaccine (Dogs) \$25 <input type="checkbox"/> |
| • Nail Trim (if time allows) (Dogs / Cats) \$20 <input type="checkbox"/> | • H3N2 w/H3N8 Influenza Vaccine (Dogs) \$35 <input type="checkbox"/> |
| • Anal Gland Expression (Dogs) \$20 <input type="checkbox"/> | • Leptospirosis Vaccine (Dogs) \$25 <input type="checkbox"/> |
| • Fecal Test (w/Giardia) (Dogs / Cats) \$35 <input type="checkbox"/> | • Lyme Vaccine (Dogs) \$25 <input type="checkbox"/> |
| • Misc Blood Work (Dogs / Cats) (request estimate) - - - <input type="checkbox"/> | • Purevax Rabies Vaccine (Cats) 1-yr \$25 <input type="checkbox"/> |
| • Roundworm De-worming (Dogs / Cats) 2 doses \$30 <input type="checkbox"/> | • Purevax Rabies Vaccine (Cats) 3-yr \$55 <input type="checkbox"/> |
| • Tapeworm De-worming (Dogs / Cats) 2 doses \$30 - \$70 <input type="checkbox"/> | • FVRCP Vaccine (Cats) \$25 <input type="checkbox"/> |
| • NexGard Flea & Tick Control (Dogs >8 wks) 1-mo \$25 <input type="checkbox"/> | • FeLV Vaccine (Cats) \$25 <input type="checkbox"/> |
| • NexGard Flea & Tick Control (Dogs >8 wks) 3-mo \$65 <input type="checkbox"/> | • Centragard Internal Parasite Control (Cats >7 wks) \$20 <input type="checkbox"/> |
| • Revolution Flea, Tick & Parasite Control (Cats >8 wks & Puppies >6 wks, both <5 lbs) 1-mo \$25 <input type="checkbox"/> 3-mo \$70 <input type="checkbox"/> | |

PET HISTORY QUESTIONNAIRE

- Has your pet ever received any vaccines in the past? (Please submit proof of prior vaccines if applicable) Yes No
 - Is your pet fearful of strangers or has it ever shown aggression towards humans? Yes No
 - Has your pet been bitten by another animal or has it bitten a person or other pet within the past 30 days? Yes No
 - Is there a possibility that your pet may be pregnant? Yes No
 - Has your pet given birth to a puppy or kitten within the past 4 weeks? Yes No
 - Have you seen any worms in your pet's stool or does your pet scoot its rear end on the ground? Yes No
 - Has your pet been diagnosed with any abnormal health condition? Yes No
 - Has your pet been on any medication other than flea/tick control within the last 30 days? Yes No
 - Last date flea or parasite control medication was given to your pet (oral, topical, flea shampoo, flea collar, etc.): _____
 - Has your pet ever had a seizure or adverse reaction to a vaccine, medication or anesthesia? Yes No
 - Has your pet experienced any signs of illness or injury within the past 2 weeks? (Check below for all that apply) Yes No
- Sneezing Coughing Vomiting Diarrhea Constipation Loss of or Increased Appetite Weight Loss/Gain Other