

OWNER'S INFORMATION

Date: _____ Owner's Name: _____
Last First Phone

Address: _____
Street City State Zip

PET'S INFORMATION

Pet's Name: _____ Dog Cat Male Female Spayed/Neutered

Color: _____ Breed: _____ Age: _____

Has your pet exhibited signs of illness in the past 7 days? _____

Is your pet on any medication? _____ Any known drug/vaccine reactions? _____

PREVIOUS VACCINATION HISTORY

Dogs: DA2LPPC _____ Bordetella _____ Influenza _____ Lyme _____ Rabies _____ Heartworm Test _____

Cats: FVRCP _____ FeLV _____ Rabies _____ FeLV/FIV Test _____

AUTHORIZATION OF SERVICES

Surgery: Spay Neuter Dental Declaw : 2 Paw 4 Paw Misc: _____

Vaccines: DA2LPPC Bordetella Lyme Influenza Lepto Heartworm Test
 FVRCP FeLV Rabies FeLV/FIV Test

Microchip Nail Trim Anal Glands Fecal Deworming Earmite Treatment

Heartworm Prevention _____ Flea Control _____

CHARGES

_____ Spay \$ _____ Preg./heat \$ _____

_____ Neuter \$ _____ Cryp. \$ _____

_____ Declaw \$ _____

_____ Dental \$ _____

_____ Vac \$ _____

Weight: _____ Premedication: _____ Pain Medication: _____ Lab \$ _____

Induction: _____ Maint. Anesthesia: _____ Recovery _____ Meds \$ _____

HR _____ RR _____ Suture Removal _____ Booster due: _____ Nail Trim \$ _____

Vaccines Given: _____ Misc. Services \$ _____

Heartworm: _____ FeLV: _____ FIV: _____ Annual Vaccine Rabies due: _____ Retail \$ _____

Medication: _____ Sales Tax \$ _____

_____ Discounts \$ _____

_____ Veterinarian's Signature

You are to use all reasonable precautions against injury, escape or death of my pet, but you will not be held liable or responsible in any manner in connection therewith as it is thoroughly understood that I assume all risks. I am aware that you are not a 24 hour care facility.

Signature of Legal Owner or Authorized Person

TOTAL \$ _____

Cash MC VISA