

Vaccine/Sick Sign In Sheet (NO SURGERY)

To receive service (12 weeks of age) you must receive rabies or show proof that pet is current
Please complete and [eligibly] fill sign in sheet for each individual patient vet state board rule

(Owners Information)

Rabies Tag#: _____

<u>First Name:</u>	<u>Last 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>Weight:</u>	<u>Age</u>
<u>How did you acquire this pet & how long have you had this pet?</u>			<u>Positive or negative On heartworm prevention?</u> Yes or No		<u>Last dose:</u>

Health Problems/ Complaints?

Any changes in: appetite Drinking Activity *Has pet: Sneezed coughed Vomited Had Diarrhea

Where does pet live? Outdoors Indoors Both *Allergies:

Has pet ever had a litter? (Yes or No) * If yes then how long ago? * Any deaths, Stillborn?

Current vaccines/ Medication:

Reaction to Vaccine or medication:

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"/> Dog Kennel Cough Vaccine	\$20
<input type="checkbox"/> Cat FeLV / FIV Combo Test	\$30	<input type="checkbox"/> DA2PP Lepto Vaccine	\$25
<input type="checkbox"/> Cat FRCP Vaccine	\$20	<input type="checkbox"/> Influenza Vaccine	\$30
<input type="checkbox"/> Cat Leukemia Vaccine	\$25	<input type="checkbox"/> Heartworm Test	\$25
<input type="checkbox"/> Regular Worm Treatment \$10 / Tapeworm	\$15-\$25	<input type="checkbox"/> Allergy Injections	\$25
<input type="checkbox"/> Microchip	\$30	<input type="checkbox"/> Heartworm Prevention/ Flea Tick Medicines	
<input type="checkbox"/> Blood work 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, and 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 pet's records; duplicates require a written request, which can take up to 10 days.**

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