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#:				
First Name:	Last Name:			Phone:			2 nd Phone:		
Address:		Apt#	•		City:		tate:	Zip:	
riuuress.		<u>11ptn</u>	-		<u>erty:</u>		tute.	219.	
(Pet's Info] D o	 σ[_] Other T	remn	erament.					
(Pet's Information) Cat [_] Dog [_] Other Temperament:									
Name:	Breed:		Sex:	Spa	yed/Neutered	Des	cription/(Color	
			M or F		Y or N	We	ight:	Age	
How did you acquire the	his pet & how	long h	ave you		Positive or neg	ative	On	Last dose:	
had this pet?		heartworm prevention?							
					Yes or I	NO			
Health Duchlams/Comr	laints?								
Health Problems/ Complaints?									
Any changes in: [] app	etite [_] Drink	ing [_]	Activity	*Has p	et: [] Sneezed	co	ughed [_] V	omited [_] Had Dia	rrhea
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/ Medi	_ ` ′	11 3 0	s then now i	vgg	•		ing deaths,		
Reaction to Vaccine or medication:									
<u>Cats</u>	What is	your	pet havin	g do	ne today (Pl	ease	check be	ox) <u>Dogs</u>	
Kitten Pack 6-11 we	eks			\$35	Puppy Pack	6-11	weeks		
Exam, FRCP Vaccine, v	vorm treatmen	t			Exam, DA2PPV	Vacc	eine, worm	treatment	\$35
	spayed/Neute	ered)		\$80	Dog Pack # 1	Exar	n, Rabies,	DA2PPV, Kennel co	
Exam, Rabies, FeLV/FI	emia &FRC	P	vaccines, heartworm test \$70						
Vaccine	· amazzad/Nlauta	ma d')			L IDog Book #3	Livon	. Dobica I	NA 2DDV - Kannal Ca	ala
<u> Cat Pack</u> #2 (already Exam, Rabies, FRCP, &				\$50	<u> Dog Pack</u> #2 Vaccines	Exam	i, Rabies, L	DA2PPV, Kennel Co	\$50
Cat pack #3 (already						Evon	2 Pobios T	DA2PPV Vaccines	\$40
FRCP Vaccine	spayed/neute	ieu) Ez		\$40	Dug I ack #3	Exam	i, Kabies, L	DAZEEV Vaccines	940
				*					
[_]Rabies (required by	,			\$20	∐Rabies (requ		. ,		\$20
[_]Exams (NO Surgery	7)			\$20	∐Exams (NO				\$20
Flea treatment (1 Application)				\$10	Dog DA2PP			ter	\$20
Ear Mite Treatment				\$10 \$30	Dog Kennel DA2PP Lept				\$20 \$25
Cat FeLV / FIV Combo Test Cat FRCP Vaccine				520	<u> </u>				\$25 \$30
Cat Leukemia Vaccine				\$25	Heartworm Test				
				\$25	Allergy Injection				\$25 \$25
Microchip				30				a Tick Medicines	
Blood work T4				100	☐ Prescription				\$20
								e 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,								
understand the	at risk and pote	ential co	mplications,	ınclud	ing death, allergi	c react	tions exist w	vith 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: