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:** | | **2ndPhone:** |
| **Address:** | **Apt#:** | **City:** | **State:** | **Zip:** |

**(Pets Information) Cat [ ] Dog [ ] Other Temperament:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name:** | **Breed:** | **Sex:**  **M or F** | **Spayed/Neutered**  **Y or N** | **Description/Color**  **Weight: Age** | |
| **How did you acquire this pet & how long have you**  **Had this pet?** | | | **Positive or negative on**  **Heartworm prevention?**  **Yes or No** | | **Last dose:** |

|  |
| --- |
| **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 or Stillborn?** |
| **Current vaccines/Medication:** |
| **Reaction to Vaccine or medication:** |

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

|  |  |  |  |
| --- | --- | --- | --- |
| **[ ] Kitten Pack** 6-11weeks  Exam,FRCP Vaccine,wormtreatment | **$35** | **[ ] Puppy Pack** 6-11weeks  Exam,DA2PPVVaccine,wormtreatment | **$35** |
| **[ ] Cat Pack #1**(already spayed/Neutered) $**90**  Exam, Rabies, FeLV/FIV Combo Test, Leukemia &FRCP Vaccine | | **[ ] Dog Pack #1**Exam,Rabies,DA2PPV,Kennelcough  vaccines,heartwormtest | $**80** |
| **[ ] Cat Pack #2**(already spayed/Neutered)  Exam,Rabies,FRCP,&LeukemiaVaccine | **$60** | **[ ]Dog Pack #2**Exam,Rabies,DA2PPV,KennelCough  Vaccines | **$60** |
| [ ]**Cat Pack #3**(already Spayed/neutered)Exam, Rabies,  FRCP Vaccine **$50** | | **[ ]Dog Pack #3**Exam,Rabies,DA2PPVVaccines | **$50** |
| **[\_]Rabies (required by law)** | **$25** | **[\_]Rabies (required by law)** | **$25** |
| **[\_]Exams (NO Surgery)** | **$20** | **[\_]Exams (NO Surgery)** | **$20** |
| **[\_]Flea treatment (1Application)** | **$15** | **[\_]DogDA2PPVVaccine/Booster** | **$25** |
| **[\_]Ear Mite Treatment** | **$10** | **[\_]Dog Kennel Cough Vaccine** | **$25** |
| **[\_]Cat FeLV/FIV Combo Test** | **$40** | **[\_]DA2PPLeptoVaccine** | **$30** |
| **[\_]Cat FRCP Vaccine** | **$25** | **[\_]Influenza Vaccine** | **$50** |
| **[\_]Cat Leukemia Vaccine** | **$25** | **[\_]Heartworm Test** | **$25** |
| **[\_]Regular Worm Treatment $10/Tapeworm** | **$15-$25** | **[\_]Allergy Injections** | **$30** |
| **[\_]Microchip** | **$30** | **[\_]Heartworm Prevention/Flea Tick Medicines** | |
| **[\_]Blood work T4 thyroid test add $20** | **$120** | **[\_]Prescription (One Year)** | **$20** |

**\*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:**