

Print Owner's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

**Pet Information**

M / F

Name \_\_\_\_\_ DOB/Age \_\_\_\_\_ Neutered / Spayed

Color \_\_\_\_\_ Breed \_\_\_\_\_

Has your pet had any serious illnesses or injuries? \_\_\_\_\_

Has your pet ever had an allergic reaction? \_\_\_\_\_

Is your pet currently on any medications including heartworm or flea prevention? \_\_\_\_\_

**Please circle the services you wish for your pet to receive today.**

<p><u>Exams</u>                  Wellness Exam                  Litter Exam                  Reason for visit _____                  _____                  _____                  _____</p>	<p><u>Surgeries (prices may vary)</u>                  Spay (includes pain medication)                  Neuter (includes pain medication)                  Ear Crop                  Tail Amputation adult                  Dental                  Dewclaw Removal                  Surgical Artificial Insemination                  Other _____</p>
<p><u>Vaccination Packages</u>                  Package A: DAP, Lepto, Bord, Rabies                  Package B: Dap, Lepto, Bord, Rabies, Heartworm Test</p> <p><u>Individual Vaccines</u>                  DAP                  Bord                  Lepto                  Rabies                  Canine Influenza                  Other _____</p>	<p><u>Tests</u>                  Heartworm Test                  Progesterone                  Pre-op Bloodwork                  Fecal Float                  Fecal Gram Stain                  Urinalysis                  Allergy Testing                  Superchem, CBC                  Superchem, CBC, T4                  Superchem, CBC, UA                  Other _____</p>
<p><u>Treatments</u>                  Praziquantel                  Strongid (deworm)                  Cytopoint                  Other _____</p>	<p><u>Procedures</u>                  Ultrasound                  X-Ray                  Semen Collection and Analysis                  Other _____</p>
<p><u>Miscellaneous</u>                  Toenail Trim                  Microchip                  Ear Cleaning                  Anal Gland Expression                  Other _____</p>	<p><u>Preventative</u>                  Bravecto – 90 day flea and tick prevention                  Sentinel – 30 day flea and heartworm prevention                  Selarid – 30 day flea and heartworm prevention                  Healthy Mouth – dental cleaner (added to drinking water)                  Other _____</p>

Signature \_\_\_\_\_ Date \_\_\_\_\_