#### 

**Today’s Date:**

Owner’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First (Primer Nombre ) Last (Appellido)

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street City State

\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Zip Phone Email Address



2761 Johnstown Rd Columbus OH 43219 614-471-9000

**DOG 🞏 CAT 🞏** Pet Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sex**:** *Male /Female*Spayed/Neutered: ***Yes or No***

Age \_\_\_\_\_\_\_\_\_\_\_ *mths/years* Weight \_\_\_\_\_\_\_\_\_\_\_\_

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

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# Does this Pet have any known **allergies to vaccines?** *Yes No*

# Has this Pet **bitten anyone** in the last ten days? *Yes No*

When was the last time your Cat was Leukemia/FIV tested? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**We recommend testing cats prior to vaccination for leukemia/FIV, however, if you wish to have your cat vaccinated without performing the test, please sign here\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*I* 1. I authorize the veterinarians and/or their assistants to perform the services marked below.

2. I understand this is a low cost clinic and does NOT include a physical examination of the animal.

*.*  3. Before the veterinarian administers the vaccine I will notify the veterinary staff if my pet has had a previous reaction.

*4n* 4. I understand that vaccinations can cause reactions in my pet and that I will be responsible for costs related to their treatment. trnt 5. The veterinary staff reserves the right NOT to vaccinate an animal in the event the animal does not appear to be in good health or for medical reasons

cannot receive a vaccine at this time.

### X Cli Client Signature X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### /2015

***PLEASE DO* NOT *WRITE BELOW THIS LINE – STAFF WILL COMPLETE FOR YOU.***

**-------------------------------------------------------------------------------------------------------------**+**----------------------------------**

VaccinesTesting

**DOGS**  \_\_\_Heartworm Test (Dog) - Result: **$20**

###### \_\_\_ Value Pack (Rabies, DHPP, Bordetella) $35 \_\_\_Felv/FIV Test (Cat) - Result: $25

###### *Or*

\_\_\_ Rabies 🞏 1yr 🞏 3yr (*prior rabies* ***written*** *proof required* ) **$13** Dewormer(s**)**

###### \_\_\_ DHPP (Puppy) 🞏 1st 🞏 2nd 🞏 3rd 🞏 4th if needed $13 \_\_\_ Type:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_

###### \_\_\_ DHPP (Adult) 🞏 1st 🞏 Annual 🞏 3 yr $13 +

\_\_\_ Bordetella (canine kennel cough) 🞏 Annual **$13** \_\_\_ Microchip  **$25**

\_\_\_ Leptospirosis 🞏 1st 🞏 Annual ***$16***

\_\_\_ Flu Vaccine 🞏 1st 🞏 Annual ***$18***

SUB-Total \_\_\_\_\_\_\_\_\_\_ Nail Trim (time permitting)  **$15**

**CATS**

\_\_\_ **Value Pack** (Rabies, FVRCP, Leukemia) **$35** FLEA Prevention (**Cost Per Month $16)**

***Or*** 🞏 Dogs **Qty**: \_\_\_\_\_ 🞏 Cats **Qty**:\_\_\_\_\_\_= **$\_\_\_\_\_**

**The following vaccines are $13 each**

###### *\_\_\_* Rabies 🞏 1yr 🞏 3yr (*prior rabies written proof required* )HEARTWORM Prevention (Cost Per Month)

\_\_\_ FVRCP (Kitten) 🞏 1st 🞏 2nd 🞏 3rd  🞏 *Under 6 months* 🞏 *Proof of testing/purchase**@CDC*

\_\_\_ FVRCP (Adult)🞏 1st 🞏 Annual \_\_\_\_ 0-25 Pounds **Qty:\_\_\_\_\_\_ x $7 = $ \_\_\_\_\_**

\_\_\_ Leukemia 🞏 1st 🞏 Annual  \_\_\_\_26-50 Pounds **Qty:\_\_\_\_\_\_ x $8 = $ \_\_\_\_\_**

SUB-Total \_\_\_\_\_\_\_\_\_\_\_ 51-100 Pounds **Qty:\_\_\_\_\_\_ x $9 = $ \_\_\_\_\_**

**RABIES CERTIFICATE**

**\_\_\_\_**  ( **$ \_\_\_\_\_ )**

Admin Fee  ***$ 5***

**DO NOT WRITE HERE**

CC 🞏  **TOTAL $**

For puppies, kittens, & adult pets receiving a vaccine for the first time we recommend boosters of the vaccines

Recommended Boosters/Vaccines for your pet at **our next clinic***:* **🞏** DHPP **🞏** Bord **🞏** Lepto **🞏** Flu **🞏** FVRCP **🞏** Leuk **🞏** Rabies