



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 _____

Today's Date: _____

Owner's Name _____
 First (Primer Nombre) Last (Appellido)

Address _____
 Street City State

Zip Phone Email Address

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 _____

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.
4. I understand that vaccinations can cause reactions in my pet and that I will be responsible for costs related to their treatment.
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.

Client Signature X _____

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

Vaccines

Testing

DOGS

- ___ **Value Pack** (Rabies, DHPP, Bordetella) **\$35**
- Or*
- ___ Rabies 1yr 3yr (prior rabies *written proof required*) **\$13**
- ___ DHPP (Puppy) 1st 2nd 3rd 4th if needed **\$13**
- ___ DHPP (Adult) 1st Annual 3 yr **\$13**
- ___ Bordetella (canine kennel cough) Annual **\$13**
- ___ Leptospirosis 1st Annual **\$16**
- ___ Flu Vaccine 1st Annual **\$18**

- ___ Heartworm Test (Dog) - Result: **\$20**
- ___ Felv/FIV Test (Cat) - Result: **\$25**

Dewormer(s)

- ___ Type: _____ \$ _____
- ___ Microchip **\$25**

CATS

- ___ **Value Pack** (Rabies, FVRCP, Leukemia) **\$35**
- Or*

The following vaccines are \$13 each

- ___ Rabies 1yr 3yr (prior rabies *written proof required*)
- ___ FVRCP (Kitten) 1st 2nd 3rd
- ___ FVRCP (Adult) 1st Annual
- ___ Leukemia 1st Annual

FLEA Prevention (Cost Per Month \$16)

Dogs Qty: _____ Cats Qty: _____ = \$ _____

HEARTWORM Prevention (Cost Per Month)

- Under 6 months Proof of testing/purchase @ CDC
- ___ 0-25 Pounds Qty: _____ x \$7 = \$ _____
- ___ 26-50 Pounds Qty: _____ x \$8 = \$ _____
- ___ 51-100 Pounds Qty: _____ x \$9 = \$ _____

SUB-Total _____

___ Nail Trim (time permitting) **\$15**

SUB-Total _____

Admin Fee (\$ _____) **\$ 5**

RABIES CERTIFICATE

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

