

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 Neuter Ear Crop Tail Amputation adult Dental Dewclaw Removal Surgical Artificial Insemination TCI Other _____</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 Bloodwork (other than Pre-op) Other _____</p>
<p><u>Treatments</u> Praziquantel Strongid (deworm) Cytopoint Other _____</p>	<p><u>Procedures (requires a wellness exam)</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 _____