

What is your dog's name? _____
 How old is your dog? _____
 Where did you obtain your dog? stray shelter friend/family breeder petstore other
 How long have you had your dog? _____
 How long does your dog stay outside/ only to pee/poop a few hrs/day most of the day lives outside
 What vaccinations has your dog received?
 Rabies Distemper Hepatitis Parainfluenza Parvo Bordetella Other
 When were these vaccinations last given? _____
 Has your dog been dewormed for intestinal parasites? Yes No
 If yes, what product was used? _____
 How many times was it administered? _____ When was it administered? _____
 Is your dog currently on flea/tick preventative? Yes No
 If yes, what brand? _____ When was it last applied? _____
 When was your dog last tested for heartworms? _____
 Is your dog on Heartworm Prevention? Yes No
 If yes, what brand? _____ When was it last given? _____
 Is your dog on any medication at this time? Yes No If yes, please list the medication, directions for giving, and reason for giving _____

Please mark any of the following conditions that your dog has currently or has had in the past. Please give an explanation for each item: when it occurred, if any treatment was given, and is it still occurring. This is very important information.

<input type="checkbox"/> sneezing	<input type="checkbox"/> vomiting	<input type="checkbox"/> itchy skin	<input type="checkbox"/> vaccine reaction
<input type="checkbox"/> coughing	<input type="checkbox"/> diarrhea	<input type="checkbox"/> hair loss	<input type="checkbox"/> any type of trauma
<input type="checkbox"/> runny eyes	<input type="checkbox"/> lack of appetite	<input type="checkbox"/> tumors	<input type="checkbox"/> any type of surgery
<input type="checkbox"/> runny nose	<input type="checkbox"/> weight loss	<input type="checkbox"/> bite wounds	<input type="checkbox"/> scooting rear on floor
<input type="checkbox"/> bad breath	<input type="checkbox"/> itchy ears	<input type="checkbox"/> other wounds	<input type="checkbox"/> other

Please mark which procedures/services you would like done today.

Spay (female) Neuter (male) prepaid spay/neuter (for those NOT getting surgery today)
 Physical exam (included with surgery, required for prepaid surgeries, new patients, or patients not examined within the last six months here at this clinic) \$20

Vaccines

Rabies \$15 Distemper/Parvo/hepatitis/parainfluenza \$18 Lepto \$12
 Distemper/Parvo/hepatitis/Parainfluenza/lepto \$28 Bordetella \$16
 Deworming with Drontal \$15-\$30 depending on size of dog
 Pain Medication to take home \$25-\$35 depending on size of dog
 Preoperative Bloodwork (recommended for all animals, required for dogs 5 years and older) \$45-\$65
 Heartworm Test (required for all dogs 2 years and older that have not been on prevention) \$20
 Microchip \$30
 Heartworm Prevention
 Iverhart 6m 1 year
 Advantage one application \$15 4 Pack \$45 6 Pack \$60
 Donation \$ _____

Payment is Due at Time of Check-In