

Spay N Save Animal Clinic Vaccination Clinic Form



First Name _____

Last Name _____

Address _____

City State Zip _____

Phone _____

Pets name _____

Pets Age _____

Dog Cat Male Female Spayed/Neutered Yes No

Breed _____

Color _____

All animals are required to have a basic examination to determine the appropriateness of immunizations selected. This is not a full and complete physical examination. The charge is **\$15** (with vaccines) or **\$24** (without vaccines).

Please check all the products that you would like your animal to receive.

DOG

Bordetella	\$ 15.00	
K-9 Distemper	\$ 12.00	
K-9 Distemper w/Lepto	\$ 15.00	
Rabies 1yr	\$ 12.00	
Rabies 3yr	\$ 18.00	
Heartworm Test	\$ 18.00	
Deworming: General	\$ 8.00	
Deworming: Tapeworms	\$ 15-25	
Microchip	\$ 15.00	
Nail Trim	\$ 10.00	
Fecal	\$ 15.00	

CAT

Feline Luek	\$ 15.00	
Distemper	\$ 12.00	
Rabies 1yr	\$ 12.00	
Rabies 3yr	\$ 18.00	
Combo Test	\$ 25.00	
Deworming: Hooks/Rounds	\$ 4.00	
Deworming: Tapes	\$ 6.00	
Microchip	\$ 15.00	
Revolution or Activyl	\$5 - \$8	
Nail Trim	\$ 5.00	
Fecal	\$ 15.00	

* A \$10 difficulty fee will be charged for pets that require extra restraint for our staff

We have Trifexis, Heartgard, Interceptor, Bravecto cat/dog & Cheristin for your flea, tick and heartworm prevention needs. Please ask about them today!

I hereby release Spay N Save Animal Clinic, all veterinarians, assistants, volunteers, directors and employees from any and all claims arising out of or in connection with the performance of the procedure or any adverse reactions from the vaccinations. I agree that I will not claim any right of compensation from Spay N Save or file action by reason of such procedure or any consequences related thereto.

NOTICE: Please be aware that a fee of \$25 will be charged for any animals that are not already spayed or neutered. This is in order to support our mission to lower the number of healthy pets being killed. This fee can be credited towards a spay/neuter appointment within 90 days.

Owners Signature _____

Date _____

Animal History Sheet



Owners Name _____

Pets Name _____

Animal History				
Does your pet live in an:	Apartment	House	Backyard	Farm
Does your pet go	Camping	Hunting	Lake/Pond	
Is your pet on any flea treatment?	yes	no	Type:	_____
Has your pet been Heartworm tested and on prevention?	yes	no	Results:	_____
Any other medications and/or supplements?	yes	no	Type:	_____
Has your pet ever had a vaccine reaction	yes	no	If yes, when?	_____
What brand of food does your pet eat	_____		Quantity?	_____
Medical history, surgeries?				

Vet Use Only	N	A	NE		N	A	NE
1. Appearance				8. Cardiovascular			
2. BCS				9. Mucous Membranes			
3. Ears				10. Abd			
4. Eyes				11. Integument			
5. Respiratory System				12. Urogenital			
6. Oral cavity, teeth				13. Nervous System			
7. L.N.				14. Musculoskeletal			
Notes _____							
		T				P	
						R	

DA2LPPv	Bordetella	FVRCP	FELV	Fecal _____
HW Test _____	1yr Rabies	3yr Rabies	Nail Trim	
Felv/Fiv _____	Droncit	Strongid	Ivermectin	Capstar