

Time _____

Date _____

Client Last Name: _____ First Name _____

Address: _____ City: _____ State: _____ ZIP: _____

Cell Phone: _____ Alt Phone: _____

Email Address: _____

Pet Name: _____ Species: Dog or Cat Sex: Male or Female Spayed or Neutered? Yes or No

Age: _____ Breed: _____ Color: _____

Over the past 14 days, has your pet had: vomiting diarrhea depression decreased activity activity change

In the past year, has your pet had: an illness surgery been treated for heartworms, parvo or other disease

If yes explain: _____

Has your pet ever had an allergic vaccine reaction? Yes No If Yes, describe _____

Is your pet on any medications? Yes No If Yes, explain _____

Following Box for Clinic Use ONLY:

WEIGHT _____	TEMP _____
Pet's general condition appears to be: <input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent	
Exam Notes: BAR _____ (initial)	
Other Findings: _____	

VACCINES/TESTS

Rabies 1yr/3yr	\$10
Distemper/Parvo	\$20
Heartworm Test	\$15
Lepto	\$10
Bordetella	\$10
FVRCP-C/FeLeuk	\$25
FELV/FIV Test	\$25
Puppy/Kitten Wellness Package	\$100

TEST RESULTS Following Box for Clinic Use ONLY

HEARTWORM	Negative	Positive:
FELV	Negative	Positive
FIV	Negative	Positive
FECAL	Negative	Positive:

MEDICATIONS: Following Box for Clinic Use ONLY:

Dewormer:	Free FL/HG Kit _____
Heartworm: 1mo 6mo 1yr	
Flea: 1mo 6mo 1yr	
Other Meds:	

OTHER SERVICES

Microchip	\$25
City of Waco Chip	\$0 (verify bill)
Nail Trim	\$10
Fecal Test	\$10

Special Instruction: