

2023

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Acct. # _____ initials _____

P.E.T.S. Clinic- Walk In

Date: _____

Owner Name: _____ Address: _____

City/State/Zip: _____ Email: _____

Home #: _____ Cell #: _____ Work #: _____

By signing below, I hereby agree that the circled procedures have been approved by me. To my knowledge my cat/dog is healthy and has not bitten anyone in the past ten days. I agree to hold harmless and release from liability P.E.T.S. Clinic from any illness or fatality that results from my pet receiving the following treatment.

Owner Signature _____

Pet's name: _____ Species: CAT/ DOG Breed: _____

Color: _____ Age: _____ m/y Sex: Male /Female Spayed/Neutered: Yes/No

------(For P.E.T.S. use only)-----

Weight: _____ Rabies #: _____ City tag #: _____

DOGS

- Rabies \$15
- DAV2PPv \$15
- DAV2PPv + L4 (3 months & older) \$15
- Bordetella \$10
- Rattlesnake \$15
- Heartworm Test \$25 NEG POS
- Microchip \$15
- Heartworm Prevention \$ _____
- Triheart \$25, \$30, \$35**
- Nexgard Flea&Tick Pill for Dogs (Monthly) \$22
- Bravecto Flea&Tick pill for Dogs (Tri-monthly) \$50
- PPM \$4/pill

CATS

- Rabies \$15
- FVRC P \$15
- FeLV \$10
- Senegy Flea Topical for Cats \$15
- Bravecto Flea/Tick for Cats (Tri-Monthly) \$40
- Feline Drontal \$6/pill
- Nail Trim
- Total Money Owed: \$ _____

Cash	Credit	Charge
<input type="text"/>	<input type="text"/>	<input type="text"/>

(For P.E.T.S. use only)

Initial of vaccine administrator: _____ Time: _____ Temp: _____

Other Information: