

706-221-7600

Client Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Patient Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any illnesses? Treatment? \_\_\_ On medication? Type?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any prior surgeries?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_ Any known allergies? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last time patient ate?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Prior vaccine reaction?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Heartworm Prevention? Brand? \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_ Flea Prevention? Brand? \_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**To be filled out by your technician:**

**Procedure Canine Feline**

[ ] Spay [ ] Rabies [ ] Rabies

[ ] Neuter [ ] Da2ppv [ ] Fvrcp

[ ] Dental [ ] Da2ppv + Lepto [ ] Fvrcp + Leuk

[ ] Dental Xrays [ ] Lepto [ ] Leuk

[ ] Mass Removal [ ] Bordatella [ ] Felv/Fiv/Hw Test

[ ] Radiographs [ ] Heartworm Test [ ] Fecal

[ ] IV Cath [ ] Fecal [ ] Deworm

[ ] Extra Pain Meds [ ] Deworm [ ] Nail Trim

[ ] E-Collar [ ] Heartworm/Flea Prevention [ ]  Hw/Flea Prevention

[ ] Heartworm Treatment [ ] Nail Trim [ ] Microchip

[ ]  In-house bloodwork/UA [ ] Microchip [ ] Ear Tip (Feral)

Additional Services/notes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**I have agreed upon the above services requested for my pet(s) on this date and am aware payment is due upon services rendered. I am aware that changes may be necessary for the health of the pet. I am aware that if my pet is in heat or pregnant, over 79lbs, aggressive, or any unforeseen complications arise, additional charges may occur. Any questions or concerns have been properly addressed prior to any procedures completed during today’s appointment.**

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_