

PAWS - VACCINE CLINIC FORM

OWNER'S Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Phone: _____ Text; Alt. Phone: _____ Text

How did you hear about us? Client Internet Google Other (explain): _____

PET'S Name (or ID): _____

CAT DOG Boy or Girl Fixed

Breed: _____ Color: _____

Age in Years: _____ and Months: _____ or DOB: _____

How much time does your pet spend outside? Hours: _____

Does your pet go to the groomer, or boarding facilities, or dog parks? No Yes

Are there any Medical Conditions, or Medications we should be aware of?

No If Yes, Explain: _____

Has the dog ever had any of the following?

Vomiting? Yes No

Diarrhea? Yes No

Coughing? Yes No

Sneezing? Yes No

Has your pet ever had a reaction to a vaccination? Yes No

When was your pet last vaccinated?

Is your pet healthy enough to receive vaccinations? Yes No

DOG VACCINES

- Distemper/Parvo 25
- Rabies 20
- Bordatella 25
- For dogs that go to dog parks, grooming, or boarding
- Leptosporosis 30
- For dogs that go to dog parks, day-care, or boarding
- Rattlesnake 35
- Decreases the risk of death and severity of injury

CAT VACCINES

- FVRCP 25
- Typical kitten respiratory vaccine (3-in-1)
- FELV 30
- Feline Leukemia Virus
- Rabies 20

TESTING AND OTHER SERVICES

For Dogs

- 4DX Test 45
- Test for Heartworm, Anaplasma Lyme, and Ehrlichia
- Heartworm Test 30

For Cats

- FELV/FIV Test 45
- ISO Microchip 40
- Includes life time registration
- Chip Implant 15
- Deworming 20
- For Roundworms and hookworms

- Pre-Dental Cleaning Examination**

Date:	Input <input type="checkbox"/> Exam <input type="checkbox"/>	Wt	Temp	Pulse	Resp.
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