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

Is your pet healthy enough to receive vaccinations? ☐ Yes ☐ No

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

_____
_____

When was your pet last vaccinated?

_____
_____

DOG VACCCINES

- ☐ 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 □ Exam □	Wt	Temp	Pulse	Resp.