



Licking County Humane Society
 825 Thornwood Dr. Heath Ohio, 43056
 740-323-2100 (# 9)
 info@lchspets.org www.lchspets.org

Owners name: _____ Pet name: _____

*Fill out all answers completely and write legibly. **HAVE PREVIOUS VET RECORDS READY FOR THE VET***

Street address: _____ City: _____ State: _____ Zip: _____

Home phone: _____ Cell phone: _____

Email: _____

Pet Type: Dog / Cat Breed: _____

Sex: Male / Female Is your pet spay/neutered? Yes / No Age: _____ Color: _____

Weight: _____ lbs. **(LEAVE BLANK, YOUR DOG WILL BE WEIGHED BEFORE BEING SEEN BY THE VET)**

Was this pet adopted from LCHS? Yes / No Has this pet been to a LCHS Vaccine Clinic before? Yes / No

Has your pet ever had a reaction to any vaccine in the past? Y / N If Yes, what vaccine? _____

Wellness checkup is required with each visit: \$25 (pets must be at least 8 weeks old to receive vaccinations)

DOGS

___ Rabies 1 or 3 year \$12

___ DHPP \$12

___ DHLPP \$12

___ Bordetella \$12

___ Flu Vacc H3N2 & H3N8 \$27

___ HW Test \$20 (Must be 6 months or older)

MISC

___ Nail Trim \$15

___ Ear Cleaning w/ bottle of cleaner \$20

___ Ear Cleaning W/o bottle of cleaner \$10

___ Bottle of Ear Cleaner \$12

___ Express Anal Glands \$10

___ Microchip \$15

CATS

___ Rabies 1 or 3 year \$12

___ FVRCP \$12

___ FeLV \$14

___ FeLV/FIV Test \$25

MEDICATION

___ Capstar \$10/pill***

___ Droncit \$8/pill***

___ Pyrantel \$10/2 doses

___ Milbemite \$20

PREVENTATIVES

___ Puppy/kitten revolution \$20 per dose or \$55 for 3

___ Bravecto flea/tick Protection (dogs) \$50/dose or \$95 for 2 doses (each dose lasts 3 months)

___ Heartgard Heartworm Protection (dog) \$10/pill or \$55 for 6 pills

___ Provecta flea/tick/mosquito (dog) \$9/dose

___ Bravecto (cats) \$55/dose or \$105 for 2 doses (each last 3 months)

WE ARE A VACCINE CLINIC – WE DO NOT LOOK AT OWNED SICK/INJURED ANIMALS. If your animal is ill, you will need to take them to a full service vet clinic to be seen. Thank you for your understanding.

*****Some fees may vary depending on difficulty of restraint, age, weight, or species*****

Note: If paying with credit/debit card there is fee equal to 2% of your total applied

Vaccine Consent and Waiver of Liability

I give permission for my pet to be vaccinated at the Licking County Humane Society's Vaccine Clinic and acknowledge that such vaccinations do not constitute complete health care. It is essential that my pet have an established relationship with a veterinary clinic to ensure that complete health care is maintained.

I also state that my pet has no sign of disease, is not allergic to vaccines and is not pregnant.

I understand that vaccinations may cause unexpected reactions in pets. If my pet experiences an allergic reaction to any vaccine, I understand that emergency treatment will be provided on site and may result in additional charges.

I agree to accept all risks of vaccinations and personally accept both legal and financial responsibility for all charges incurred as a result of such risks.

I accept that it is my responsibility to seek emergency or medical care as needed or directed by the clinic veterinarian.

I agree to indemnify and hold harmless the Licking County Humane Society (LCHS), the attending veterinarian, and any of the officers, employees or agents of said corporate entity from any and all liability arising out of the performance of all procedures referred to above.

I have read, understand, accept and agree to be bound by the above conditions.

For safety and wait time management, each adult is asked to accompany no more than 1 animal at a time.

Signature of legal owner or responsible party

Date of signature

