

Fill out all answers <u>completely</u> and write <u>legibly</u> . 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 PET \	WILL BE WEIGHED BEFORE BEING SEEN BY THE VET)	
Has your pet been seen by a veterinarian before? Yes / No		
If yes, when and for what?		
Was this pet adopted from LCHS? Yes / No Has this pet been to a LCHS Wellness Clinic before? Yes / No		
Has your pet ever had a reaction to any vaccine in the past? Y / N If Yes, what vaccine?		
rias your pet ever had a reaction to any vaccine in t	nie past: 1 / N II 1es, what vacchie:	
Wellness checkup is required with each visit: \$25 (pets must be at least 8 weeks old to receive vaccinations)		
DOGS	DOG PREVENTATIVES	
Rabies 1 or 3 year \$12 DHPP \$12	Heartgard heartworm protection \$10/pill or \$55 for 6 pillsBravecto flea/tick protection \$50/dose or \$95 for 2 doses	
DHLPP \$15	(each dose lasts 3 months)	
Bordetella \$12	Provecta flea/tick \$9/dose	
Flu Vaccine H3N2 & H3N8 \$27	Puppy Revolution (under 5 pounds) \$14/dose or \$39 for 3	
HW Test \$20 (Must be 6 months or older)HW 4DX Test \$28 (Must be 6 months or older)	pack	
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CATS	CAT PREVENTATIVES	
Rabies 1 or 3 year \$12 FVRCP \$12	Bravecto flea/tick protection \$55/dose or \$105 for 2 doses	
FeLV \$14	(each last 3 months)Revolution Plus (5-22 pounds) \$16/dose or \$45 for 3 pack	
FeLV/FIV Test \$25	Kitten Revolution (under 5 pounds) \$14 per dose or \$39 for	
MISC	MEDICATION	
Nail Trim \$15	Droncit \$8/pill***	
Bottle of Ear Cleaner \$12	Pyrantel \$10/2 doses	
Express Anal Glands \$10 Microchip \$15	Milbemite \$20	
Senior Wellness Bloodwork Panel \$80		

Owners name: Pet name (new form for EACH pet):

WE ARE A WELLNESS 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. ***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. The only exception is litters of kittens or puppies.

Signature of legal owner or responsible party	Date of signature

