



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

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 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? _____

Wellness checkup is required with each visit: \$25 (Nonrefundable) Note: Pets must be at least 8 weeks old.

<p>DOGS</p> <p>___ Rabies \$15 (1 or 3 years – based on vaccination history)</p> <p>___ Da2PP \$15</p> <p>___ Da2PP+L \$18</p> <p>___ Bordetella \$15</p> <p>___ Heartworm 4DX Test \$28 (Must be 6 months or older)</p>	<p>DOG PREVENTATIVES</p> <p>___ TriHeart \$10/pill or \$55 for 6 pills</p> <p>___ ProHEART 6 injection (lasts 6 months) \$52(0-10lb), \$64(11-25lb), \$72(26-50lb), \$92(51-100lb), \$105(101-130lb)</p> <p>___ Bravecto 3-months flea/tick protection \$50/dose or \$95 for 2 doses</p> <p>___ Bravecto (age < 6 mos.) 1-month flea/tick protection \$18/dose (applied at clinic)</p> <p>___ Provecta \$9/dose</p> <p>___ Puppy Selarid – generic Revolution (under 5 pounds) \$15 /dose</p>
<p>CATS</p> <p>___ Rabies \$15 (1 or 3 years – based on vaccination history)</p> <p>___ FVRCP \$15</p> <p>___ FeLV \$18</p> <p>___ FeLV/FIV Test \$25</p>	<p>CAT PREVENTATIVES</p> <p>___ Bravecto 3-month flea/tick protection \$50/dose or \$95 for 2 doses</p> <p>___ Selarid – generic Revolution (5.1-15 pounds) \$18 /dose</p> <p>___ Kitten Selarid – generic Revolution (under 5 pounds) \$18/dose</p>
<p>MISC</p> <p>___ Nail Trim \$15</p> <p>___ Bottle of Ear Cleaner \$15</p> <p>___ Express Anal Glands \$15</p> <p>___ Microchip \$15</p> <p>___ Wellness Bloodwork Panel \$75</p>	<p>MEDICATION</p> <p>___ Centragard \$20</p> <p>___ Pyrantel \$10/2 doses</p> <p>___ Milbemite \$25</p>

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 2.5% 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

