



Owner's name: \_\_\_\_\_ Pet name (new form for EACH pet): \_\_\_\_\_

Fill out all answers completely and write legibly. **Please have previous vet records ready for the staff.**

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. **(Please leave this blank; your pet will be weighed at the beginning of the appointment.)**

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 fee: \$30 (Nonrefundable; paid at time of sign-up) Note: Pets must be at least 8 weeks old.**

**DOG VACCINES and TESTS**

- \_\_\_ Rabies \$15 (1 or 3 years – based on vaccination history)
- \_\_\_ Da2PP \$16 (Distemper and Parvo vaccine)
- \_\_\_ Lepto Only \$16
- \_\_\_ Da2PP+L \$20 (Distemper, Parvo, and Lepto vaccine)
- \_\_\_ Bordetella \$16 (recommended if exposed to other dogs)
- \_\_\_ Heartworm 4DX Test \$40 (must be over 6 months)
- \_\_\_ Heartworm only Test \$20

**CAT VACCINES and TESTS**

- \_\_\_ Rabies \$15 (1 or 3 years – based on vaccination history)
- \_\_\_ FVRCP \$16 (core vaccine)
- \_\_\_ FeLV vaccine \$20 (recommended for outside cats)
- \_\_\_ FeLV/FIV Test \$40

**MISC**

- \_\_\_ Nail Trim \$20
- \_\_\_ Ear Cleaning/Flushing \$12
- \_\_\_ Bottle of Ear Cleaner \$16
- \_\_\_ Express Anal Glands \$16
- \_\_\_ Microchip \$20
- \_\_\_ Wellness Bloodwork Panel \$75
- \_\_\_ Geriatric Bloodwork Panel \$150

**DOG PREVENTATIVES**

- \_\_\_ Milbeguard \$6/tab or \$25 for 6 pills
- \_\_\_ ProHEART 6 injection (lasts 6 months) \$53(0-10lb), \$65(11-25lb), \$73(26-50lb), \$93(51-100lb), \$106(101-130lb)
- \_\_\_ Bravecto 3-months flea/tick protection \$60/dose
- \_\_\_ Bravecto (age < 6 mos.) 1-month flea/tick protection \$25/dose (topical version applied at clinic)
- \_\_\_ Provecta \$10/dose
- \_\_\_ Puppy Selarid – generic Revolution (under 5 pounds) \$20/dose

**CAT PREVENTATIVES**

- \_\_\_ Bravecto 3-month flea/tick protection \$60/dose
- \_\_\_ Catego flea protection \$12/dose
- \_\_\_ Selarid – generic Revolution (5.1-15 pounds) \$20 /dose
- \_\_\_ Kitten Selarid – generic Revolution (under 5 pounds) \$20/dose

**MEDICATION**

- \_\_\_ Profender \$20
- \_\_\_ Pyrantel \$6
- \_\_\_ Motazol / Animax \$20

**Note: A 3% surcharge will be added to all credit and debit card purchases.**

**Because we are a wellness clinic, we do not look at sick/injured owned animals.** If your animal is ill or injured, please take them to a full-service vet clinic to be seen.

## **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.***

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Signature of legal owner or responsible party

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Date of signature

Licking County Humane Society  
825 Thornwood Drive  
Heath, OH 43056