



WELLNESS CLINIC

Owner Information

Name:					Date:	
Phone:			Email:			
Physical Address:			Mailing Address:			
City:	State:	Zip:	City:	State:	Zip:	

Animal Information

Animal's Name:	Date of Birth:	<input type="checkbox"/> Cat <input type="checkbox"/> Dog	<input type="checkbox"/> Male <input type="checkbox"/> Female	Spayed/Neutered? <input type="checkbox"/> Yes <input type="checkbox"/> No
Breed:	Color/Markings:			Est Weight:
Microchipped? <input type="checkbox"/> Yes <input type="checkbox"/> No				

Wellness Agreement

I understand a complete physical examination is recommended prior to vaccinating my pet.
 I wish to opt out of the physical examination.

This is a low cost clinic intended to provide services pets may not otherwise receive because of expense. I understand this veterinarian is not available for regular office hours and the services are limited. If additional care is recommended, I will consult my primary veterinarian.

If I do not have a primary veterinarian, I understand it is important to establish a relationship with one as soon as possible.

Owner Signature: _____ Date: _____

Available Services (Mark all desired services in the "Request" column, the vet or staff will mark the "Performed By" column **once** completed)

Dog Services				Cat Services			
Request	Performed	Description	Cost	Request	Performed	Description	Cost
		Wellness Exam	\$25.00			Wellness Exam	\$25.00
		Rabies Vaccination	\$15.00			Rabies Vaccination	\$15.00
		Dog Combo (DHLPP-c)	\$15.00			Feline Combo (FVRCP)	\$15.00
		Dog Combo (DHPP-c)	\$15.00			Feline Leukemia Vaccine	\$15.00
		Microchip	\$30.00			Microchip	\$30.00
		Ear Cleaning	\$10.00			Ear Cleaning	\$10.00
		Anal Gland Cleaning	\$10.00			Anal Gland Cleaning	\$10.00
		Nail Trim	\$ 5.00			Nail Trim	\$ 5.00
		De-worm (per tablet)	\$10.00			De-worm (per tablet)	\$ 5.00
		Flea Meds	\$10.00			Flea Meds	\$10.00
		Bordetella	\$15.00			Feline Aids/Leukemia Test	\$30.00
		Influenza Vaccination	\$25.00			Revolution (cats)	\$15.00
		Influenza Booster	\$25.00				
		Heartworm Test	\$30.00				

Payment Type <input type="checkbox"/> Cash <input type="checkbox"/> Credit/Debit	TOTAL COST: \$ _____
--	----------------------

Temperature:	Pulse:	Respiration:
--------------	--------	--------------

NOTES:

PO Box 7833, 828 Railroad
 Brookings, OR 97415
 541-412-0325
southcoasthumane@gmail.com
southcoasthumane.net
 1/17:ss, Rev 2-7/17:ss, 2/18:ss, 3/18:ss,
 4/18:ss, 6/19:ss