VACCINE CLINIC CHECK-IN QUESTIONNAIRE WAIT FOR CASHIER TO CALL YOUR NAME BEFORE TURNING IN FORM



| OWNER INFORMATION | | | | P | | | | | |
|---|--|-----------------------------------|----------------------|-------------|---|--|--|--|--|
| Last Nama | First Name | | | Data | | | | | |
| Last Name | First Name | | | Date | | | | | |
| Street Address | City | | State | Zip _ | | | | | |
| Home/Cell Phone # | | Email Add | ress: | | | | | | |
| | | | | | | | | | |
| PET INFORMATION (Please Circle) | | | | | | | | | |
| | | FEMALE | | | | | | | |
| Pet's Name | | | | | | | | | |
| Breed | | | S | | | | | | |
| Is your pet currently taking any medication? Has your pet had an allergic reaction to a vaccine, | YES | NO If YES, w | /hat? | | | | | | |
| insect bite or any medication in the past? | YES | NO If YES, w | /hen? | | | | | | |
| 3. Is your pet currently pregnant or nursing? | YES | | /hen? | | | | | | |
| 4. In the past month, has your pet had any of the | YES | NO If YES, w | /hen? | | | | | | |
| following: Coughing, Sneezing, Diarrhea, Not Eating, | Vomitin | g | | | | | | | |
| PLEASE CIRCLE THE VACCINES AND SERVICES YOU WILL BE PURCHASING TODAY | | | | | | | | | |
| DOGS | | CATS | | | | | | | |
| 1. Nobivac DAPPV - \$25.00 | | 1. Nobivac | FRCPC - \$15.00 | | | | | | |
| 2. Bordetella - \$10.00 | | 2. FeLV - \$1 | 5.00 | | | | | | |
| 3. Rabies - \$10.00 | | 3. Rabies - S | | | | | | | |
| 4. Deworming (pyrantel pamoate) - \$5.00 | | | ng (pyrantel pamoate | e) - \$5.00 | | | | | |
| 5. Microchip - \$20.00 | | 5. Microchi | p - \$20.00 | | | | | | |
| OFFICE USE ONLY | | | | | | | | | |
| TEMP: HR: RR: MM: | CR ⁻ | T· RCS· | W/T· | | | | | | |
| 12.77. | | | | | | | | | |
| 1. General: N NE A | | | N NE A | | | | | | |
| 2. Cardiovascular: N NE A | _ 8. Abdomen: N NE A R () L L | | | | $R \left(\right) L L \left(\right) R$ | | | | |
| 3. Respiratory: N NE A | _ 9. Genitourinary: N NE A \ \ \ \ \ | | | | | | | | |
| 4. Eyes: N NE A | | | | | | | | | |
| 5. Ears: N NE A | 11. Neurological: N NE A 12. Lymph Nodes: N NE A | | | | | | | | |
| 6. Oral Exam: N NE A | 12.1 | ymph Nodes: | N NE A | - | Ventral Dorsal | | | | |
| \square Appears healthy for vaccination | Das | | | | | | | | |
| | | ommendations: looster Vaccines | | omments: | | | | | |
| ☐ Limited Physical Exam at this time | | pay/Neuter | ' | | | | | | |
| | |)ther | | | | | | | |
| | | | | | | | | | |
| Veterinarian: | | | | | | | | | |
| | | | | | | | | | |
| | Va | ccine History | | | | | | | |
| DOGS | | | CATS | | | | | | |
| DAPPV | | | FRCPC FeLV | | | | | | |
| Bordetella Rabies | | | FeLV | Rabies | | | | | |
| NEEDS SCHEDULE (check here) □ | | | NEEDS SCHEDULE (| check here) | | | | | |

VACCINE CLINIC CHECK-IN QUESTIONNAIRE WAIT FOR CASHIER TO CALL YOUR NAME BEFORE TURNING IN FORM DOG VACCINATIONS



5 in 1 (Distemper, Adenovirus (I, II), Parvovirus, Parainfluenza): All five vaccines are given in one shot. This is one of the first vaccines your puppy should receive and helps protect your pet against deadly viral infections affecting the central nervous system, lungs, liver and gastrointestinal system. Some of these infections are highly contagious and deadly and can survive in the environment for months. It is extremely important to follow-up with boosters in order to provide the most protection for your pet. Once your puppy completes the series of puppy boosters, your pet will need a booster annually.

Bordetella (Kennel Cough): This vaccine provides protection against secondary bacterial infection of the lungs which can lead to pneumonia. This is an airborne virus and we recommend your pet be vaccinated against this if your pet boards, goes to the groomer, or socializes with other dogs. Your puppy should receive this vaccination and boosters with the 5 in 1 and on an annual basis.

Rabies: The Rabies vaccine is required by law. All animals are required to have their first vaccine at 12 weeks of age, then again at 1 year of age and then every 3 years after that. You will receive a rabies tag and certificate providing proof of vaccination. The certificate is what is required as proof, not the tag.

CAT VACCINATIONS

4 in 1 (Feline Viral Rhinotracheitis, Calicivirus, Panleukopenia, Chlamydia): All four vaccines are given in one shot. This is one of the first vaccines your kitten should receive and helps protect your pet against deadly viral infections affecting the central nervous system, lungs, kidneys, liver, and gastrointestinal system. These infections are highly contagious and deadly and can survive in the environment for months. It is extremely important to follow-up with boosters in order to provide the most protection for your pet. Once your kitten completes the series of kitten boosters, your pet will need a booster annually.

FeLV (Feline Leukemia Virus): This is a highly contagious disease spread between cats by licking, sneezing, fighting, sharing food bowls or sharing litter pans. It is estimated that 30% of all stray cats are infected with feline leukemia. It is a major cause of death in cats today and there is no cure. Infected cats may be carriers; infecting other cats they come into contact with and not show any symptoms. Cats can be infected for years before succumbing to the disease. Cats who go outdoors or come into contact with other outdoor cats should receive this vaccine. The first vaccine is given at 12 weeks of age, boostered in 3-4 weeks and then once a year.

Rabies: Required by law (see Rabies under Dog Vaccinations above).

| The Animal Foundation is a non-profit shelter providing refuge for homeless animals in Las Vegas. All donations are used to provide comfort and shelter. Please consider giving a small donation to help defer these costs. | | | | | | | |
|--|-----|--------|--------------|----|--|--|--|
| DONATION: | YES | \$1.00 | Other Amount | NO | | | |
| I, the pet owner, or agent thereof, confirm that all of the information I have indicated on this form is accurate and true to the best of my knowledge. I have read and understand the vaccine clinic information handout given to me prior to completing this form. | | | | | | | |
| Customer Signature | | | | | | | |
| | | | | | | | |