



Clinic Locations 102 E Trunk Street, Crandall, 75114: 2223 S. Buckner, Dallas, 75227; 3117 Seminary Dr, Fort Worth, 76119 P: (972) 472-3500 or www.spayneuternet.org

Owner's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

To the best of my knowledge, my pet(s) is healthy, has no known medical problems, has had no history of vaccine reactions and has not bitten anyone in the last 14 days. My pet is not pregnant and has not had any recent occurrences of lethargy, abdominal pain, coughing, sneezing, vomiting or diarrhea. I understand that even though SNN uses the finest vaccines available to the veterinary profession, vaccine reactions can and do happen although uncommon. If my pet(s) become ill or worse from vaccinations or treatment, I will not hold SNN or its employees responsible. I also understand the inherent risks of scratches, bites and/or animals escaping in a mobile vaccine setting and will not hold SNN or its employees responsible for this or for any harm to myself or my pets during or after vaccination. I have read this information and give my consent to SNN to administer appropriate health care. A comprehensive examination is recommended annually at a full-service veterinary clinic. I understand that at times my pet's personal data (address, breed, name, weight, procedure performed etc.) may be shared for the purpose of grant reporting.

Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Pet 1**  Dog  Cat      Sex:  Male  Female  
 Neutered  Spayed

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Color: \_\_\_\_\_ Weight: \_\_\_\_\_  
 Breed: \_\_\_\_\_ Temp: \_\_\_\_\_ Pulse: \_\_\_\_\_ (BPM) Resp: \_\_\_\_\_

**\$5.00 Tech Fee Per Pet**

<b>Vaccines for Dogs</b>	<b>Vaccines for Cats</b>	<b>Other Services for Dogs &amp; Cats</b>
<input type="checkbox"/> Rabies \$11	<input type="checkbox"/> Rabies \$11	<input type="checkbox"/> TriHeart (1-25lbs) 6mo \$35 12mo \$55
<input type="checkbox"/> Rabies & DAPPV \$26	<input type="checkbox"/> Rabies & FVRCCP \$26	<input type="checkbox"/> TriHeart (26-50lbs) 6mo \$40 12mo \$65
<input type="checkbox"/> DAPPV \$20	<input type="checkbox"/> FVRCCP \$20	<input type="checkbox"/> TriHeart (51-100lbs) 6mo \$50 12mo \$85
<input type="checkbox"/> Bordetella (Intranasal) \$15	<input type="checkbox"/> Leukemia \$15	<input type="checkbox"/> Bravecto/Dog \$65 (last 90 days)
<input type="checkbox"/> Lepto \$20	<input type="checkbox"/> FeLV/FIV Test \$25	<input type="checkbox"/> Bravecto/Cat \$65 (last 60 days)
<input type="checkbox"/> Heartworm Test \$20	Positive / Negative	<input type="checkbox"/> Microchip \$20
Positive / Negative		<input type="checkbox"/> Nail Trim \$10

**Dewormers for Dogs & Cats**

<input type="checkbox"/> Strongid T \$12	Dogs and Cats under 3 months
<input type="checkbox"/> Drontal/Cats \$12 tablet	Cats over 3 months
<input type="checkbox"/> Virbantal/Dogs \$18 tablet	Dogs over 3 months

**\$5.00 Medical Waste Fee added to each pet**

**VACCINATION PACKAGES**

**Pets that are over 6 weeks and under 4 months.**

**Puppy**

1st Round Puppy(6-8 weeks old): DAPPv and dewormer \$31

2nd Round Puppy (9-11 weeks old): DAPPv booster, bordetella and dewormer \$45

3rd Round Puppy (3 months old): Rabies, DAPPv booster, dewormer and Microchip \$55

**Kitten**

1st Round Kitten (6-9 weeks old): FVRCCP and dewormer \$31

2nd Round Kitten(9-11 weeks old): FVRCCP booster, FELV and dewormer \$45

3rd Round Kitten (3 months old): Rabies, FVRCCP booster, FELV booster, dewormer and Microchip \$70

**Pets at or over 4 months of age and yearly**

Rabies, DAV2PV, Bortetella (Kennel Cough), Heartworm test (only test if over 7 months), 1 Year supply of HW prevention, Transport (if riding transport)

**Dog Package 1 (weights 1-25 pds) \$110**

**Dog Package 2 (weights 26-50 pds) \$120**

**Dog Package 3 (weights 51-100.0 pds) \$140**

Positive / Negative

**Cat Package 1 \$40**

Rabies, FVRCCP, FeLV

**Cat Package 2 \$62**

Complete set of vaccinations

Rabies, FVRCCP, FeLV, Combo FIV/FeLV test (Combo FIV/FeLV test: if you are adding a new cat to your household or cat goes outside or has ever been outside; this is recommended)

Positive / Negative

Owner Name: \_\_\_\_\_ Pet Name: \_\_\_\_\_

How long have you owned your pet? \_\_\_\_\_

When and what time was your pet's last meal? \_\_\_\_\_

**Has your pet been showing any of the following symptoms in the last 14 days? Circle all that apply**

- Vomiting • Depression • Coughing • Diarrhea • Not eating or drinking • Sneezing • Abnormal Peeing
- Discharge from eyes, nose or genitalia • Wheezing • Other: \_\_\_\_\_

**Canine Patients:** Has your pet been tested for heartworms?  Yes  No

If yes, when? \_\_\_\_\_ Results:  Negative  Positive

Is your pet currently on monthly heartworm prevention?  Yes  No

**What activities will your dog be participating in? Circle all that apply**

- Boarding • Grooming • Training Classes • Dog Parks • Being a "Social Butterfly" • Hiking, swimming

*Dogs should be vaccinated against Bordetella (a.k.a. kennel cough) if their lifestyle includes any or all of the above activities. Kennel cough is a contagious disease that is most commonly spread in areas where lots of dogs spend time together, but it can also be picked up from casual contact with other dogs.*

*Dogs should be vaccinated against Lepto. Lepto is carried by wildlife such as rats, raccoons, opossums, skunks, squirrels, and deer. It is found in places where they might urinate, including lakes, streams, puddles or soil in your backyard.*

**Feline Patients:** Has your pet been tested for FeLV and/or FIV?  Yes  No

If yes, when? \_\_\_\_\_ Results:  Negative  FELV Positive  FIV Positive

**What kind of lifestyle will your cat be living, both now and in the future? Circle all that apply**

- Indoor Only • Indoor & outdoor • Living with cats that go Outdoors • Not Sure

*Cats should be vaccinated against Feline Leukemia if they spend time outdoors, or if they live with cats that go outdoors, unless they are always supervised on a leash. Feline leukemia is a contagious disease that requires prolonged direct contact with an infected cat, making cats that go outdoors the most at risk. Kittens and young cats are more at risk than older adults.*

What vaccines has your pet had this year?

Rabies  Distemper/Parvo  Bordetella  FIV  FVRCP  FELV

Date Last Vaccinated? \_\_\_\_\_

Has your pet been de wormed?  Yes  No

If yes, when? \_\_\_\_\_ Medication? \_\_\_\_\_

*Routine de-worming is highly recommended for puppies and kittens during their initial vaccine series and for adults at least once a year*

Is your pet currently taking any medications?  Yes  No

If yes, what medications?

\_\_\_\_\_

Has your pet ever had an allergic reaction to a vaccination or any medication?  Yes  No

If yes, when? \_\_\_\_\_ To what? \_\_\_\_\_

Has your pet been diagnosed with any previous medical condition?  Yes  No

If yes, what? \_\_\_\_\_

**(Conditions include: Seizures, skin conditions, heart, kidney, and/or liver conditions, etc.)**

Has your pet had ANY surgery in the past? Please explain below

\_\_\_\_\_  
\_\_\_\_\_

*Female patients:* Is your pet possibly in-heat or pregnant?  Yes  No

Does your pet live inside or outside?  Inside  Outside  Both