



PET WELLNESS FORM

THIS IS A LEGALLY BINDING DOCUMENT, READ BEFORE SIGNING

Pet Owner Name: _____

Phone: _____

Email: _____

Address: _____

City: _____

Zip: _____

SR OR Voucher # _____

Health Declaration: 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 10 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 SPAY NEUTER NETWORK (hereafter referred to as 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 (breed, name, procedure performed, etc.) may be shared for the purpose of grant reporting.

Pet 1 Name:		Pet 2 Name:	
Pet Color:	Breed:	Pet Color:	Breed:
How long have you owned this pet?		How long have you owned this pet?	
Date / Time of pet's last meal?		Date / Time of pet's last meal?	
Has your pet shown any of these symptoms in the last 14 days? Check all that apply. <input type="checkbox"/> Vomiting <input type="checkbox"/> Depression (behavioral changes) <input type="checkbox"/> Sneezing <input type="checkbox"/> Abnormal Peeing <input type="checkbox"/> Discharge from eyes, nose or genitalia <input type="checkbox"/> Diarrhea <input type="checkbox"/> Wheezing <input type="checkbox"/> Coughing <input type="checkbox"/> Hiding or Avoidance <input type="checkbox"/> Not eating or drinking <input type="checkbox"/> Other:		Has your pet shown any of these symptoms in the last 14 days? Check all that apply. <input type="checkbox"/> Vomiting <input type="checkbox"/> Depression (behavioral changes) <input type="checkbox"/> Sneezing <input type="checkbox"/> Abnormal Peeing <input type="checkbox"/> Discharge from eyes, nose or genitalia <input type="checkbox"/> Diarrhea <input type="checkbox"/> Wheezing <input type="checkbox"/> Coughing <input type="checkbox"/> Hiding or Avoidance <input type="checkbox"/> Not eating or drinking <input type="checkbox"/> Other:	
Date Last Vaccinated?		Date Last Vaccinated?	
Which vaccines has your pet had this year? <input type="checkbox"/> Rabies <input type="checkbox"/> Bordetella <input type="checkbox"/> Distemper/Parvo <input type="checkbox"/> FIV <input type="checkbox"/> FVRCP <input type="checkbox"/> FELV <input type="checkbox"/> Other		Which vaccines has your pet had this year? <input type="checkbox"/> Rabies <input type="checkbox"/> Bordetella <input type="checkbox"/> Distemper/Parvo <input type="checkbox"/> FIV <input type="checkbox"/> FVRCP <input type="checkbox"/> FELV <input type="checkbox"/> Other	
Canine Patients ONLY:			
Has your pet had a heartworm test? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when? _____ Results: <input type="checkbox"/> Neg <input type="checkbox"/> Pos Is your pet on heartworm prevention? <input type="checkbox"/> Yes <input type="checkbox"/> No		Has your pet had a heartworm test? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when? _____ Results: <input type="checkbox"/> Neg <input type="checkbox"/> Pos Is your pet on heartworm prevention? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<ul style="list-style-type: none"> Why it's important to test: Heartworm disease is a serious and potentially fatal condition caused by parasitic worms living in the heart and lungs of affected dogs. Testing for heartworms is crucial because early detection can prevent severe health issues and allow for timely treatment. Regular testing and monthly prevention help ensure your pet stays healthy and free from this dangerous parasite. 			
What activities will your dog be participating in? <input type="checkbox"/> Boarding <input type="checkbox"/> Grooming <input type="checkbox"/> Training Class <input type="checkbox"/> Dog Park <input type="checkbox"/> Being a "Social Butterfly" <input type="checkbox"/> Hiking, swimming		What activities will your dog be participating in? <input type="checkbox"/> Boarding <input type="checkbox"/> Grooming <input type="checkbox"/> Training Class <input type="checkbox"/> Dog Park <input type="checkbox"/> Being a "Social Butterfly" <input type="checkbox"/> Hiking, swimming	
<ul style="list-style-type: none"> Dogs should be vaccinated against Bordetella (a.k.a. kennel cough) if their lifestyle includes any or all the above activities. Kennel cough is a contagious disease that is widely 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 leptospirosis. Leptospirosis 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 ONLY:			
Has your pet been tested for FeLV/FIV? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when? _____ Results: <input type="checkbox"/> Neg <input type="checkbox"/> Pos		Has your pet been tested for FeLV/FIV? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when? _____ Results: <input type="checkbox"/> Neg <input type="checkbox"/> Pos	
<ul style="list-style-type: none"> Testing for Feline Leukemia Virus (FeLV) and Feline Immunodeficiency Virus (FIV) is crucial because these viruses can significantly weaken a cat's immune system, making them more susceptible to other infections and illnesses. Early detection allows for better management of the cat's health and helps prevent the spread of these viruses to other cats. Knowing your cat's viral status is essential for determining appropriate monitoring or treatment option. 			
What kind of lifestyle will your cat be living, both now and in the future? <input type="checkbox"/> Indoor Only <input type="checkbox"/> Indoor & outdoor <input type="checkbox"/> Living with cats that go Outdoors <input type="checkbox"/> Not Sure		What kind of lifestyle will your cat be living, both now and in the future? <input type="checkbox"/> Indoor Only <input type="checkbox"/> Indoor & outdoor <input type="checkbox"/> Living with cats that go Outdoors <input type="checkbox"/> Not Sure	
<ul style="list-style-type: none"> 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. Cats should be vaccinated with the FVRCP vaccine, which protects against Feline Viral Rhinotracheitis, Calicivirus, and Panleukopenia. These diseases can cause severe respiratory and gastrointestinal issues, and vaccination is crucial for both indoor and outdoor cats. 			

By signing below, I hereby confirm that: (i) I am the Owner or representative authorized to make decisions on behalf of the animal(s) listed in this document, (ii) the services and procedures to be performed have been fully explained to me to my satisfaction, and (iii) I have read, understand, and agree to the contents of this document.

PROMOTIONAL MATERIALS: Your signature below allows SNN to use you and/or your animal's picture and stories in promotional material.

Date: _____

Signature: _____

CLINIC USE ONLY

	Pet 1	Pet 2
Has the pet been dewormed? If yes, what?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any allergic reaction to a vaccination or medication? If yes, when & to what?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Diagnosed with any previous medical condition? If yes, when & to what? (Conditions include: Seizures, skin conditions, heart, kidney, and/or liver conditions, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has your pet had ANY surgery in the past? If Yes, explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your pet live inside or outside?	<input type="checkbox"/> Inside <input type="checkbox"/> Outside <input type="checkbox"/> Both	<input type="checkbox"/> Inside <input type="checkbox"/> Outside <input type="checkbox"/> Both
Is your pet possibly in-heat or pregnant?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

VACCINE / WELLNESS SELECTIONS

	Pet 1	Pet 2
Canine Packages		
Puppy #1 (6-9 weeks old) DAPPV / dewormer	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Puppy #2 (9-11 weeks old) DAPPV, Bordetella, dewormer	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Puppy #3 (3 months old) Rabies, DAPPV, dewormer + microchip	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Adult Dog #1 - weighs 1-25 pounds	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Adult Dog #2 - weighs 26-50 pounds	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Adult Dog #3 - weighs 51-100 pounds	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes

Adult dog packages include Rabies, DAPPV, Bordetella, Heartworm test and 1-year supply of heartworm prevention

Feline Packages		
Kitten #1 (6-9 weeks old) FVRCP / dewormer	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Kitten #2 (9-11 weeks old) FVRCP, FELV, dewormer	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Kitten #3 (3 months old) Rabies, FVRCP, FELV, dewormer + microchip	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Adult Cat #1 - Rabies, FVRCP and FeLV	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Adult Cat #2 - Rabies, FVRCP, FeLV + FIV/FeLV test (if cat goes outside)	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes

Individual Vaccines and Services

	Rabies	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
	Fecal Test	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
	Dewormer	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
	Microchip	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
	Nail Trim	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
	Fecal Test	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
	Dewormer	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
	Bravecto Flea/Tick	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
	Selarid Flea/Tick	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
DOGS	DAPPV	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
	Lepto	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
	Bordetella (Kennel cough)	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
	Heartworm Prevention 6 mo*	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
	Heartworm Prevention 1 yr*	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
	Heartworm Test	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
CATS	FVRCP	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
	FeLV	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
	FeLV / FIV Test	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes

WEIGHT		
TEMPERATURE		
PULSE		
RESPIRATORY		