

# Feline Pet Record



## Owner Information:

**\*\*please fill in indicated fields\*\***

\*Last Name

\*First Name

\*Phone Number

Email Address: \_\_\_\_\_

Street Address

City

State

Zip

## Pet Information:

\*Pets Name: \_\_\_\_\_ Breed: \_\_\_\_\_

DOB/Age: \_\_\_\_\_

Male or Female (*circle one*)

Color: \_\_\_\_\_

Neutered or Spayed (*circle one*)

How did you hear of us? \_\_\_\_\_

I request and authorize Animart to vaccinate &/or provide service for the above described animal. I understand that vaccinations can cause adverse reactions in some animals. I hereby release Animart and any employees from any claims arising out of or connected with giving these vaccinations &/or services.

Your Signature

Date: \_\_\_\_\_

YES NO

- |                       |                       |   |
|-----------------------|-----------------------|---|
| <input type="radio"/> | <input type="radio"/> | Has your pet been eating normally?                                |
| <input type="radio"/> | <input type="radio"/> | Has your pet been drinking normally?                              |
| <input type="radio"/> | <input type="radio"/> | Have you observed normal activity?                                |
| <input type="radio"/> | <input type="radio"/> | Have you noticed any coughing or sneezing?                        |
| <input type="radio"/> | <input type="radio"/> | Have you noticed any behavioral changes?                          |
| <input type="radio"/> | <input type="radio"/> | Are you aware of any history of seizures?                         |
| <input type="radio"/> | <input type="radio"/> | Has Your Pet Experienced Adverse Reactions From A Vaccine Before? |

Other comments or concerns you may have:

\_\_\_\_\_

Please complete the back side →

*Vaccines:*

_____ \$20	Distemper Vaccine	Annual
_____ \$25	Leukemia Vaccine	Annual
_____ \$20	Rabies Vaccine Tag#: _____	1 YR or 3 YR
_____ \$40	Leukemia/FIV Test	Results: _____
_____ \$ _____	Other: _____	

*Rx Products:*

Qty: _____	Revolution	<i>(Heartworm, Flea, Ear mites, and Intestinal Parasite product)</i>
Qty: _____	Centragard	<i>(Heartworm and intestinal parasite prevention product)</i>
Qty: _____	Frontline Gold	<i>(Flea &amp; tick product)</i>
Qty: _____	Other: _____	

*Other Services:*

_____ \$40	Wellness Exam	<i>(By appointment only per pet)</i>
_____ \$10	Office Call	<i>(By appointment only per pet)</i>
_____ \$24	Fecal Exam	Results: _____
_____ \$ _____	Nail Trim	
_____ \$ _____	Dewormer	
_____ \$40	Microchip w/Lifetime Registration	
_____ \$20	Ear Cleaning	<i>(By appointment only)</i>
_____ \$ _____	Other: _____	

DR/TECH NOTES:

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Vet: Dr. Hamilton, DVM Dr. Treichel, DVM