

# Feline Pet Record

## Type Of Vaccination



Check Desired Service For Your Pet

<input type="checkbox"/> \$20	Distemper Vaccine	Annual
<input type="checkbox"/> \$25	Leukemia Vaccine	Annual
<input type="checkbox"/> \$20	Rabies (1 Yr – 1 <sup>st</sup> ) or 3 YR	TAG # _____
<input type="checkbox"/> \$40	Leukemia/FIV Test	(+ OR -)
<input type="checkbox"/> \$ _____	Other	
<input type="checkbox"/> Dispense	Frontline/Advantix/Nexgard	_____ Packets
<input type="checkbox"/> \$24	Fecal Exam	
<input type="checkbox"/> \$ _____	Nail Trim	
<input type="checkbox"/> \$ _____	Dewormer	
<input type="checkbox"/> \$ _____	Office Call (by appointment only)	
<input type="checkbox"/> \$40	Microchip w/Lifetime Registration	
<input type="checkbox"/> \$20	Ear Cleaning (by appointment only)	
<input type="checkbox"/> \$ _____	Other	

If You Are Currently In Our System Just Fill Out\* Do We Have Your Correct Address On File?

\*Last Name \_\_\_\_\_ \*First Name \_\_\_\_\_ \*Phone/Acct Number \_\_\_\_\_

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

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

\*Pet's Name: \_\_\_\_\_ Hair Length:  Long  Short  Medium

Age: \_\_\_\_\_ Wt: \_\_\_\_\_ Sex:  Female  Male

Color: \_\_\_\_\_ Neutered/Spayed:  Yes  No

I would like to be added to the Animart Loyalty Program:  Yes  No

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

I request and authorize Animart to vaccinate and/or provide a 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 and/or services.

YOUR SIGNATURE \_\_\_\_\_

VET: Hamilton Treichel Date: \_\_\_\_\_