

Small Pet Record

Type Of Vaccination



Check Desired Service For Your Pet

<input type="checkbox"/> \$25	Distemper Vaccine	
<input type="checkbox"/> \$20	Rabies (1 Yr)	TAG # _____
<input type="checkbox"/> \$ _____	Other	
<input type="checkbox"/> \$ _____	Physical Exam	_____
<input type="checkbox"/> \$24	Fecal Exam	
<input type="checkbox"/> \$ _____	Nail Trim Small Animal (base price \$8)	
<input type="checkbox"/> \$ _____	Nail Trim Larger Animal/More Difficult Animal (up to \$12)	
<input type="checkbox"/> \$ _____	Dewormer	
<input type="checkbox"/> \$ _____	Office Call	
<input type="checkbox"/> \$20	Ear Cleaning (by appointment only)	
<input type="checkbox"/> \$ _____	Other	_____

Comments:

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: <input type="checkbox"/> Long <input type="checkbox"/> Short <input type="checkbox"/> Medium		
Age: _____	Wt: _____	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	
Color: _____	Neutered/Spayed: <input type="checkbox"/> Yes <input type="checkbox"/> No		
I would like to be added to the Animart Loyalty Program: <input type="checkbox"/> Yes <input type="checkbox"/> 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: _____