

Canine Pet Record



Type Of Vaccination

Check Desired Service For Your Pet

_____ \$20	Distemper Vaccine	Annual
_____ \$20	Lepto Vaccine	Annual
_____ \$30	Lyme Vaccine	Annual
_____ \$20	Bordetella Vaccine Injectable	Annual
_____ \$28	Oral/Nasal Vaccine	Annual
_____ \$28	Canine Influenza (H3N8/H3N2)	Annual
_____ \$20	Rabies (1 YR—1st) or 3 YR TAG # _____	
_____ \$38	Heartworm/Lyme/Anaplasma/Ehrlichia Test (+ OR —)	
_____ Dispense	Heartgard/Revolution	
_____ Tabs	_____ Size (By Weight, 1 / Month)	
_____ Dispense	Frontline/Advantix/Nexgard _____	Packets
_____ \$24	Fecal Exam	
_____ \$ _____	Nail Trim	
_____ \$ _____	Dewormer	
_____ \$40	Microchip w/Lifetime Registration	
_____ \$20	Ear Cleaning (by appointment only)	

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 _____ Breed _____

Age _____ Wt _____ Sex Male or Female (circle one)

Color _____ Neutered/Spayed Yes or No (circle one)

I Would like to be added to the Animart Loyalty Program: Yes or No (Circle One)

How did you hear about us? _____

I request and authorize Animart to vaccinate &/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 &/or services.

YOUR SIGNATURE

VET: Hamilton

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Date _____ / _____ / _____