

Small 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:

_____ \$28

Distemper Vaccine

Annual

_____ \$24

Rabies Vaccine Tag#: _____

1 YR or 3 YR

Rx Products:

Qty: _____

Other: _____

Other Services:

_____ \$45-\$50

Wellness Exam *(By appointment only per pet)*

_____ \$18

Office Call *(By appointment only per pet)*

_____ \$30

Fecal Exam Results: _____

_____ \$ _____

Nail Trim Small Animal *(Base price \$8)*

_____ \$ _____

Nail Trim Larger Animal *(Up to \$12)*

_____ \$ _____

Dewormer

_____ \$22

Ear Cleaning *(By appointment only)*

_____ \$ _____

Other: _____

DR/TECH NOTES:

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