## **Hoof & Paw Wellness/Vaccination Check-In Sheet**

OWNER'S NAM	1E		PET'S NAME	DATE
I am over 18 ye	ears of age: Yes	No	Pet Housed: Indoor	Outdoor Both
Phone # we car	า reach you at toda	ay:	E	mail:
Are you a new	client? No Yes	(IF YES, a	and your pet has b <mark>een s</mark> e	en at another clinic; is it okay to ge
the records fro	m the previous clir	n <mark>ic? (If ap</mark> plicab	le) Where?	
A new puppy/k		m(\$47) is done	at the first visit of any pe	n and well being of your pet. t under the age of 1 year and
Your pet is due Canine:	for the following \	/accinations/blo	ood tests:	
	Rabies- \$29 DH	LP(Distem <mark>per)</mark> -	\$36 Lyme- \$44 Bo	ordetella(Kennel cough)- \$31
Feline:	Lepto only- \$27	Heartworm/Ly	me 4dx Test(Blood <mark>draw)</mark>	- \$50.00 NO VACCINATIONS DU
	Rabies- \$29 FVF	RCCP(Feline Dist	emper)- \$29 Feleuk- 9	\$35
	Feleuk/FIV Test(Blood Draw)- \$52.00 NO VACCINATIONS DUE			
If vaccinations/	tests are due, plea	se specify whic	h ones you would like up	dated below:
Update	All: Ot	her:	N. C.	
Did you bring a  Does your pet i  IF YES, please s  Canine  Feline F	fecal sample todal need any flea, tick, select the number Preventatives: Bravecto- 12 week Simparica Trio- Mo chewable tablet (a Interceptor Plus-No (ages 6 weeks+) Vectra- Monthly flateventatives: Revolution- month of cestex which is	y?(\$46.34) with or heartworm of doses you wo flea/tick chews onthly flea/tick/ges 8 weeks+) flonthly heartwoea/tick topical (and oral tablet the services of the services or the services of t	ages 8 weeks+): #e/hookworm/roundworm nat treats tapeworm (age	es No No ng: ns+): # /hookworm: # orm/whipworm/tapeworm: # orm/whipworm/tapeworm: # topical that comes with a free do s 8 weeks+): #
			al (ages 6 months+): # able tablet (age 8 weeks+	
	C. Cacho Wonting	near tick circwe	iole tubiet juge o weeks	<i>.</i>
If you have any	health concerns,	olease specify: _		
Signature				DATE: