**Since proof of vaccinations is required to be seen here today, while you wait, please have your records e-mailed or faxed to us.**

**Fax: 803-667-3432 E-mail:** **info@spcavetcare.org**

**STATEMENT OF OWNERSHIP, CONSENT AND WAIVER OF LIABILITY**

 I hereby state that I am the owner and or agent of the above-mentioned animal, and that I am 18 years of age or older. I have the authorization to consent to treatment if and when it is needed. I hereby request the SPCA Albrecht Center to perform the above requested procedures on my animal. I agree to indemnify and hold harmless the SPCA, the attending veterinarians, and any officers or employees of said corporate entity from any and all liability arising out of the performance of all procedures referred above.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Legal Owner or Responsible Party Date:**

**\*Services and Vaccines Needed Today**

**\*Requested vaccines and services for DOGS**

* 1yr Rabies Vaccine **(Required Yearly)** $15
* Dog Distemper/Parvo **(Required Yearly)** $20
* Kennel Cough **(Bordetella)**$25
* Leptospirosis **(Recommend Yearly for Dogs with Outdoor Water Exposure)**$25
* Heartworm Test **(Required Yearly for Preventatives)** $30

**\*Requested vaccines and services for CATS**

* 1yr Rabies Vaccine**(Required Yearly)**$15
* Feline Distemper **(Required Yearly)** $20
* Feline Leukemia Vaccine **(Testing Required)** $25
* FELV/FIV Test $35

**\*Other requested vaccines and services**

* Microchip $25
* Routine Ear Cleaning $25
* Nail Trim $22
* Deworming **(Prices vary by Weight)**
* Express Anal Glands $35

**\*Preventatives**

* Has your pet had preventatives before? Yes/No

**Dogs:**

* Canine Advantage Multi **(Topical Heartworm & Flea Prevention/ Price Varies by Weight)**1m\_\_\_\_6m\_\_\_\_ 12m\_\_\_\_
* Tri-Heart **(Oral Heartworm Prevention/ Price Varies by Weight) 1**m\_\_\_\_ 6m\_\_\_\_ 12m\_\_\_\_
* Nexguard **(Oral Flea & Tick Prevention/ Price Varies by Weight)**1m\_\_\_\_ 6m\_\_\_\_ 12m\_\_\_\_\_
* Dog Seresto Collar $62

**Cats:**

* Nexguard Combo **(Topical, Price Varies By Weight)**1m\_\_\_\_ 3m\_\_\_ 6m\_\_\_\_ 12m\_\_\_\_
* Cat Seresto Collar $62

**\*Proof of vaccines from a Veterinarian’s office is required. \* If you do not have proof of vaccines, and your pet is well enough your pet will receive them today\***

**\*Reason for visiting today:**

* Wellness Exam **(Required Yearly)** $30.00
* Concern Exam $50.00
* Technician/Assistant Visit $10.00 (Boosters, Nail Trim, Etc.)
* If Concern Exam; please provide details.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*Patient Medical History:**

* Has your pet been seen here before? Y/N
* Has your pet been seen at another veterinary practice?

If so please list who in case records are needed. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Has your pet ever had a vaccine reaction and/or seizure?

If “Yes” please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Is your pet currently on any other medications?

If “Yes”, please list the medications and what your pet is being treated for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Is your pet eating and drinking normally?   Yes/No
* Is your pet having any vomiting or diarrhea?   Yes/No

If “Yes” please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Is your pet urinating normally?  Yes/No

If “No”, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Additional information:(Tell us about your pets behavior at the Veterinarian office, food preference, rewarding methods)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pet’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cat/Dog Male/Neutered Female/Spayed

Age/Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Breed/Fur color: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Owner’s Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Owner’s First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized User: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

State: \_\_\_\_\_\_\_\_\_\_ Zip code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*\*\* Payment is due in full at the time of discharge\*\*\*WE DO NOT ACCEPT CHECKS\*\*\***



**This Side for Clinic Use Only:**

 NOT ACCEPT CHECKS

Pet’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cat/Dog Male/Female Spayed/neutered

Age/ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Breed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fur Color: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

199 Willow Run Road

Aiken, SC 29801

(803)648-6864

**PHYSICAL EXAM REPORT**

DVM: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tech/Vet Assistant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Weight: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ ADDT: Yes / No

**Ears/Eyes/Nose/Throat**: □ Normal □ Abnormal \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Oral:**  □ Normal □ Abnormal \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Coat/Skin :** □ Normal □ Abnormal \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Musculoskeletal System:** □ Normal □ Abnormal \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Heart/Lungs:**  □ Normal □ Abnormal \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Gastrointestinal System:**  □ Normal □ Abnormal \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Uro-genital:**  □ Normal □ Abnormal \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Neurological:**  □ Normal □ Abnormal \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Vaccinations Preventative Care**

**Canine**  Annual Booster **Feline**  Annual Booster **Canine Feline**

DHPP □ □\_\_\_\_ FVRCP □ □\_\_\_\_ Heartworm Test □ \_\_\_\_\_ FeLV/FIV Test □ \_\_\_\_\_\_

Bordetella □ FeLV □ □\_\_\_\_ Triheart □ \_\_\_\_\_\_ Nexguard Combo □ \_\_\_

Rabies □ Rabies □ Advantage Multi □ \_\_\_\_ Seresto Collar □

Lepto □ □\_\_\_\_ Nexgard □ \_\_\_\_\_\_\_ Revolt □ \_\_\_\_\_\_\_

 Seresto Collar □ Drontal □ Strongid □

 Virbantel □ Strongid □ Profender □

 **Additional Services**: Nail Trim □ Anal Glands □ Microchip □ Ear Cleaning □

**Recommendations:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**