

*Animal ID #*

*(For Office Use Only)*

2002 West Superior Street

Duluth, MN 55806

T: (218)-623-6342

F: (218)-623-6719

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E: info@northlandspayneuter.org

Date of Appointment

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Feline Canine Male Female Owner’s First Name Owner’s Last Name

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

Animal’s Name Animal’s Breed Animal’s Age/D.O.B. Animal’s Color

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

Owner’s Street Address City State Zip Code

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

Home Phone Number Alternate Phone Number Email Address

Has the animal ever undergone a previous surgical procedure? Yes No If yes, please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Does the animal have any previous or current medical/health conditions (include coughing, sneezing, vomiting, diarrhea and/or ingesting foreign objects)? Yes No If yes, please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Has the animal been to a veterinarian within the last 30 days? Yes No If yes, what was the reason for the visit:

Routine Checkup Vaccines Injury Illness Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is the animal currently taking any medications, including any flea and/or tick treatments (administered in the last 30 days) or received an injection(s), other than vaccines, in the past 30 days? Yes No If yes, please describe:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Has the animal had any weight gain/loss? Yes No If yes, please describe:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How is the animal’s appetite/water consumption? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is there anything else you would like us to look at today during your visit? Yes No If yes, please describe:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**REQUESTED VACCINES/SERVICES**

**Wellness Exam $15.00 per patient (REQUIRED)**

**Canine**

\_\_\_ Rabies Vaccine ($15)

\_\_\_ Canine Distemper Combo Vaccine ($20)

\_\_\_ Bordetella Vaccine ($20)

\_\_\_ Lyme Vaccine ($25)

\_\_\_ Leptospirosis Vaccine ($25)

\_\_\_ Canine Influenza Vaccine ($25)

\_\_\_ Microchip – Includes registration ($20)

\_\_\_ Heartworm Test ($20)

\_\_\_4DX Test – Heartworm and Tick Borne Diseases ($40)

\_\_\_ Nail Trim ($10)

\_\_\_ Ear Cytology ($15)

\_\_\_ Fecal ($15)

\_\_\_ Urinalysis ($25)

\_\_\_ Anal Gland Expression ($15)

\_\_\_ Skin Scraping ($15)

\_\_\_ Flea/Tick Prevention (Varies)

\_\_\_ Heartworm Prevention (Varies)

**Feline**

\_\_\_ Rabies Vaccine ($15)

\_\_\_ Feline Distemper Combo Vaccine ($20)

\_\_\_ Feline Leukemia Vaccine ($25)

\_\_\_ Microchip – Includes registration ($20)

\_\_\_ FIV/FeLV Test ($30)

\_\_\_ Nail Trim ($10)

\_\_\_ Soft Paws ($20)

\_\_\_ Ear Cytology/Ear Mite Check ($25)

\_\_\_ Fecal ($15)

\_\_\_ Urinalysis ($25)

\_\_\_ Anal Gland Expression ($15)

\_\_\_ Skin Scraping ($15)

\_\_\_ Flea/Tick Prevention (Varies)

\_\_\_ Shave – Lion Cut ($60)

**BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD, AND AGREE TO THE TERMS IN THE WELLNESS CONSENT/RELEASE AGREEMENT AND ANY ATTACHED AGREEMENTS**

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

**Signature Date**