## **CLINIC SERVICES FORM**

SPCA Albrecht Center for Animal Welfare—199 Willow Run Rd. Aiken, SC 29801—Phone: 803-648-6864

## **Patient Medical History**

In order for us to provide the best care possible for your pet, please answer all questions to the best of your ability.

PLACE STICKER HERE	Patients Current Weight: <u>lbs</u> (Staff Use Only)
Patient Medical History:	
What is the reason for your pet's visit today?	
s your pet up-to-date on vaccinations? Yes or No (Proof of vaccinations is required)	
Has your pet ever had an allergic reaction after vaccinations were given? Yes or No If "Yes", please describe the reaction your pet had	
s your pet currently on any other medications? Yes or No If "Yes", please list the medications your pet is receiving and what condition they are being treated for	
s your pet eating and drinking normally? Yes o	or No
What is your pet's normal diet?	
s your pet having any vomiting or diarrhea? Yes or No If "Yes" please explain	
s your pet urinating normally? Yes or No If "No", please explain	
Has your pet been coughing? Yes or No	
s your pet receiving monthly heartworm prevention every 30 days? Yes or No	
When was your pet's last heartworm test? Were the results positive or negative?	

What flea and tick prevention are you using?	
If your pet is an intact female, when was her last heat cycle?	
Has your pet ever had any seizures? Yes or No	
Does your pet go to any other veterinarian? Yes or No If "Yes", who is your pet's regular veterinarian?	
Services and Vaccines	
Services and vaccines	
Requested vaccines and services for Dogs	
<ul> <li>Dog Distemper/Parvo (Required Yearly) \$14</li> </ul>	
<ul> <li>Kennel Cough (Bordatella) \$16</li> </ul>	
<ul> <li>Heartworm Test (Required Yearly for Preventative) \$25</li> </ul>	
<ul> <li>Express Anal Glands \$18</li> </ul>	
o Nail Trim \$16	
Requested vaccines and services for Cats	
<ul> <li>Feline Distemper (Required Yearly) \$14</li> </ul>	
<ul> <li>Feline Leukemia Vaccine (Testing Required) \$14</li> </ul>	
o FELV/FIV Test \$25	
Other requested vaccines and services	
o 1yr Rabies vaccine (Required Yearly) \$12	
<ul> <li>Microchip \$25</li> </ul>	
<ul> <li>Wellness Exam (Required Yearly) \$20</li> </ul>	
<ul> <li>Deworming (Prices vary by Weight)</li> </ul>	
<ul> <li>Exam with the Vet (if you have concerns or your pet is sick) \$40</li> </ul>	
<ul> <li>Dental Exam (if you would like teeth checked and an estimate for a dental) \$40</li> </ul>	
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 have the authorization to consent to treatment if and when it is needed and to my knowledge, the animal is in good health. 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 veterinarian, and any officers or employees of said corporate entity from any and all liability arising out of the performance of all procedures referred above.  **The SPCA Albrecht Center encourages relationships with your regular Veterinarian for annual care, wellness exams and all other medical issues.**	

Date

Legal Owner or Responsible Party