**Since proof of vaccinations are 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**](mailto:info@spcavetcare.org)

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

**Services and Vaccines Needed Today**

**Requested vaccines and services for DOGS**

* 1yr Rabies Vaccine **(Required Yearly)** $12
* Dog Distemper/Parvo **(Required Yearly)** $20
* Kennel Cough **(Bordetella)**$22
* Leptospirosis **(Recommend Yearly for Dogs with Outdoor Water Exposure)**$22
* Heartworm Test **(Required Yearly for Preventative)** $27
* Express Anal Glands $20
* Canine Advantage Multi **(Heartworm & Flea Prevention/ Price Varies by Weight)**1m\_\_\_\_6m\_\_\_\_ 12m\_\_\_\_
* Tri-Heart **(Heartworm Prevention/ Price Varies by Weight) 1**m\_\_\_\_ 6m\_\_\_\_ 12m\_\_\_\_
* Nexguard **(Flea & Tick Prevention/ Price Varies by Weight)**1m\_\_\_\_ 6m\_\_\_\_ 12m\_\_\_\_\_
* Dog Seresto Collar $62

**Requested vaccines and services for CATS**

* 1yr Rabies Vaccine**(Required Yearly)**$12
* Feline Distemper **(Required Yearly)** $20
* Feline Leukemia Vaccine **(Testing Required)** $25
* FELV/FIV Test $30
* Feline Advantage Multi **(Price Varies By Weight)**1m\_\_\_\_ 6m\_\_\_\_ 12m\_\_\_\_
* Cat Seresto Collar $62

**Other requested vaccines and services**

* Wellness Exam **(Required Yearly)**$30
* Microchip $25
* Routine Ear Cleaning $25
* Nail Trim $18
* Deworming **(Prices vary by Weight)**
* Concern Exam**(if you have concerns or your pet is sick)**$45

**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:**

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

Cat/Dog Male/Female Spayed/Neutered

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

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

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

**Patient Medical History:**

What is the reason for your pet’s visit today? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Has your pet been seen here before? Y/N

Is your pet a client of any other veterinary clinics? If “Yes” where do they go: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is your pet up to date on vaccinations? Y/N

**\*Please understand that proof of vaccinations is required. If you do not have proof then your pet, if well enough, will receive vaccines.**

Has your pet ever had a vaccine reaction? Y/N

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

Is your pet currently on any other medications? Yes/No

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

Is your pet eating and drinking normally?   Yes/No

Brand? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Wet/Dry

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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Has your pet been coughing?    Yes/ No

Has your pet ever had any seizures?  Yes/No

If “Yes” when:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is your pet receiving monthly heartworm prevention?  Y/N

Prevention name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is your pet receiving monthly flea/tick prevention? Y/N

Prevention name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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

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

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

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

NOT ACCEPT CHECKS

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

Cat/Dog Male/Female Spayed/neutered

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

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

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

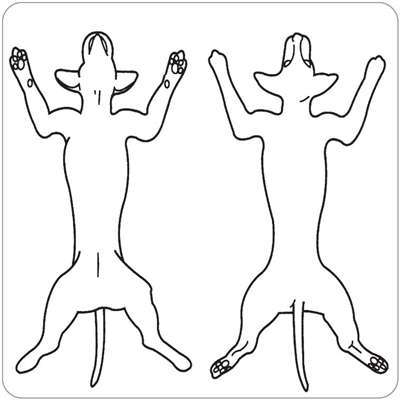
**This Side for Clinic Use Only:**

199 Willow Run Road

Aiken, SC 29801

(803)648-6864

PHYSICAL EXAM REPORT

DVM: □ Dr. Wheeler □ Dr. Young

Weight \_\_\_\_\_\_\_\_\_\_\_\_ Vet. Assistant \_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 □ \_\_\_\_\_\_ Advantage Multi □ \_\_\_

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

Flu Bivalent □ □\_\_\_\_ Nexgard □ \_\_\_\_\_\_\_ Revolt □ \_\_\_\_\_\_\_

Lepto □ □\_\_\_\_ Seresto Collar □ Drontal □ Strongid □

Virbantel □ Strongid □ Profender □

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

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