



Date: \_\_\_\_\_ Guardian/Owner Name \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_  
 State \_\_\_\_\_ Zip \_\_\_\_\_ Phone 1 \_\_\_\_\_ Phone 2 \_\_\_\_\_  
 Email address \_\_\_\_\_  
 How did you hear about petsalive? \_\_\_\_\_

Pet Name \_\_\_\_\_ Age \_\_\_\_\_ Breed(s) \_\_\_\_\_  
 Male  Female Has he/she been spayed/neutered/fixd?  YES  NO  
 Color(s) \_\_\_\_\_ How long have you had this cat? \_\_\_\_\_  
 (For female cats) Is it possible that she may be pregnant?  YES  NO  
 Where does this cat stay?  INSIDE  OUTSIDE  BOTH Date of last vaccines: \_\_\_\_\_  
 Has your cat bitten any person within the last 10 days?  YES  NO  
 Has your cat ever had a reaction to vaccines, injections, or medications? \* \_\_\_\_\_  
 Check any illness(es) your pet has had recently\*  
 Cough  Sneezing  Vomiting  Diarrhea  Other \_\_\_\_\_

*\*Cats must be in good health to receive vaccinations; those cats with health concerns may not be vaccinated and should be seen by a full service veterinary clinic. There are a small percentage of cats that will have an allergic reaction to vaccinations. Please advise the veterinarian if your cat has had a previous allergic reaction to vaccines. Symptoms of a reaction may include facial swelling, swollen ears, muzzle or eyelids and/or rubbing of the face.*

I understand that vaccinations may cause adverse reactions in some animals. I hereby release petsalive Spay/Neuter Clinic, the veterinarians, veterinary assistants, and all of its officers, directors, employees, and members of its staff from any and all claims arising out of, or connected with, giving these vaccinations.

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

**Veterinarian use only**

**Vaccines**  
 1 year Rabies \$15.00 \_\_\_\_\_  
 3 year Rabies \$20.00 \_\_\_\_\_  
 FVRCP \$15.00 \_\_\_\_\_  
 Feline Leukemia \$15.00 \_\_\_\_\_

**Feline Leukemia/FIV Test** \$25.00 \_\_\_\_\_

**Dewormer**  
 Drontal \$15.00 \_\_\_\_\_  
 Strongid \$10.00 \_\_\_\_\_

**Flea Treatment**  
 EasySpot Individual Dose \$12.83 \_\_\_\_\_  
 EasySpot (3 months) \$28.88 \_\_\_\_\_  
 Revolution Individual Dose \$17.00 \_\_\_\_\_  
 Revolution (3 months)- priced by weight \_\_\_\_\_

**Nail Trim** \$ 5.00 \_\_\_\_\_  
**Microchip** \$15.00 \_\_\_\_\_  
**Other** \$ \_\_\_\_\_  
**Donation** \$ \_\_\_\_\_

**Unaltered Fee** \$15.00 \_\_\_\_\_  
**Office Visit Fee** \$ 5.00 \_\_\_\_\_

<b>Weight:</b> _____	<b>Total Due: \$</b> _____  _____ <b>Cash</b> _____ <b>CC</b>
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<b>Miscellaneous Notes or Fees:</b> _____ _____ _____
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