



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/fixated?  YES  NO  
 Color(s) \_\_\_\_\_ How long have you had this dog? \_\_\_\_\_

(For female dogs) Is it possible that she may be pregnant?  YES  NO

Where does this dog stay?  INSIDE  OUTSIDE  BOTH Date of last vaccines: \_\_\_\_\_

Has your dog bitten any person within the last 10 days?  YES  NO

Has your dog ever had a reaction to vaccines, injections, or medications? \* \_\_\_\_\_

Check any illness(es) your pet has had recently\*

Cough  Sneezing  Vomiting  Diarrhea  Parvo  Other \_\_\_\_\_

*\*Dogs must be in good health to receive vaccinations; those dogs with health concerns may not be vaccinated and should be seen by a full service veterinary clinic. There are a small percentage of dogs that will have an allergic reaction to vaccinations. Please advise the veterinarian if your dog 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 \_\_\_\_\_  
 Distemper \$15.00 \_\_\_\_\_  
 Bordetella \$15.00 \_\_\_\_\_

**Dewormer**

Drontal under 26lbs \$20.00 \_\_\_\_\_  
 Drontal 26lbs+ \$25.00 \_\_\_\_\_  
 Strongid \$10.00 \_\_\_\_\_

**Heartworm Prevention**

Sentinel Spectrum Individual \$ 9.00 \_\_\_\_\_  
 Sentinel Spectrum (6 Months) \_\_\_\_\_  
 \$35-51 depending on weight

**Flea Treatment**

ParaStar Individual Dose \$13.90 \_\_\_\_\_  
 ParaStar (3 Months) \$29.95 \_\_\_\_\_

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

**Heartworm Test** \$15.00 \_\_\_\_\_

**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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**Miscellaneous Notes or Fees:**  
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