Butte Humane Society Clinic: Canine Visit Form

Date: _____________ Owner Name: _______________________________________________________

Do you need to update your address or phone number? Yes or No

*If not the owner, please list name and phone number of person presenting the animal for today’s visit:

Name:_____________________________________ Phone Number:______________________________

Patient Name_________________________________

Please select the services you wish to have performed today:

- Rabies Vaccination $14
- Rabies Tag $2.50
- DHLPP Vaccination $22.50
- Rattlesnake Vaccination $23.00
- Bordetella Vaccination $20
- K9 Influenza Vaccination $38
- K9 Lyme Vaccination $24
- Microchip $21
- Capstar (24hr flea treatment) $6-$7
- Activyl Flea Prevention (1m) $15
- Vectra Flea/Tick Prev. (1m) $17.50-$20
- Heartworm Test (if over 6 months old) $23
- Heartworm Prevention (6m supply) $27-$47
- Pyrantel De-Wormer $6

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Professional fees are due at the time services are rendered. For your convenience we accept cash and all major credit or debit cards. We do not accept checks or Care Credit.

☐ I would like to make a donation of $_________ to support Butte Humane Society in saving animals!

Payment Method (PLEASE CIRCLE): Cash / Visa / MasterCard / Amex / Discover Total $_______________

My signature below hereby certifies I am the owner or authorized agent for the owner of the above named pet, that my pet is in good health, and I give Mariana Turner, DVM, and her agents and representatives full authority to perform a vaccine on said animal. I hereby release said Doctor, agents and representatives from any and all liability arising from said vaccine, adverse reactions, or unforeseeable events. I understand and accept that although rare, there are inherent risks involved with any vaccination procedure.

Signature: _________________________________________________ Date: ______________________