

## 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:

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

Patient Name \_\_\_\_\_

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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: \_\_\_\_\_