Butte Humane Society Clinic: Feline 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 #1 Name_________________________________

Please select the services you wish to have performed today:

☐ Rabies Vaccination  $14.00  ☐ Microchip  $21
☐ Rabies Tag  $2.50  ☐ Capstar (24hr flea treatment)  $6-$7
☐ FVRCP  $22.50  ☐ Feline Heartgard 6-month supply* $40.00
☐ Leukemia  $23.00  ☐ Feline Activyl, 1-month supply $13.00
☐ FIV/FeLV/Heartworm Testing  $40.00  ☐ Pyrantel De-Wormer  $9

Patient #2 Name_________________________________

Please select the services you wish to have performed today:

☐ Rabies Vaccination  $14.00  ☐ Microchip  $21
☐ Rabies Tag  $2.50  ☐ Capstar (24hr flea treatment)  $6-$7
☐ FVRCP  $22.50  ☐ Feline Heartgard 6-month supply* $40.00
☐ Leukemia  $23.00  ☐ Feline Activyl, 1-month supply $13.00
☐ FIV/FeLV/Heartworm Testing  $40.00  ☐ Pyrantel De-Wormer  $9

Patient #3 Name_________________________________

Please select the services you wish to have performed today:

☐ Rabies Vaccination  $14.00  ☐ Microchip  $21
☐ Rabies Tag  $2.50  ☐ Capstar (24hr flea treatment)  $6-$7
☐ FVRCP  $22.50  ☐ Feline Heartgard 6-month supply* $40.00
☐ Leukemia  $23.00  ☐ Feline Activyl, 1-month supply $13.00
☐ FIV/FeLV/Heartworm Testing  $40.00  ☐ Pyrantel De-Wormer  $9

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 an 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 the said animal. I hereby release said Doctor, agents, and representatives from any and all liability arising from the 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: ______________________