

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:

- | | |
|---|---|
| <input type="checkbox"/> Rabies Vaccination \$14.00 | <input type="checkbox"/> Microchip \$21 |
| <input type="checkbox"/> Rabies Tag \$2.50 | <input type="checkbox"/> Capstar (24hr flea treatment) \$6-\$7 |
| <input type="checkbox"/> FVRCP \$22.50 | <input type="checkbox"/> Feline Heartgard 6-month supply* \$40.00 |
| <input type="checkbox"/> Leukemia \$23.00 | <input type="checkbox"/> Feline Activyl, 1-month supply \$13.00 |
| <input type="checkbox"/> FIV/FelV/Heartworm Testing \$40.00 | <input type="checkbox"/> Pyrantel De-Wormer \$9 |

Patient #2 Name _____

Please select the services you wish to have performed today:

- | | |
|---|---|
| <input type="checkbox"/> Rabies Vaccination \$14.00 | <input type="checkbox"/> Microchip \$21 |
| <input type="checkbox"/> Rabies Tag \$2.50 | <input type="checkbox"/> Capstar (24hr flea treatment) \$6-\$7 |
| <input type="checkbox"/> FVRCP \$22.50 | <input type="checkbox"/> Feline Heartgard 6-month supply* \$40.00 |
| <input type="checkbox"/> Leukemia \$23.00 | <input type="checkbox"/> Feline Activyl, 1-month supply \$13.00 |
| <input type="checkbox"/> FIV/FelV/Heartworm Testing \$40.00 | <input type="checkbox"/> Pyrantel De-Wormer \$9 |

Patient #3 Name _____

Please select the services you wish to have performed today:

- | | |
|---|---|
| <input type="checkbox"/> Rabies Vaccination \$14.00 | <input type="checkbox"/> Microchip \$21 |
| <input type="checkbox"/> Rabies Tag \$2.50 | <input type="checkbox"/> Capstar (24hr flea treatment) \$6-\$7 |
| <input type="checkbox"/> FVRCP \$22.50 | <input type="checkbox"/> Feline Heartgard 6-month supply* \$40.00 |
| <input type="checkbox"/> Leukemia \$23.00 | <input type="checkbox"/> Feline Activyl, 1-month supply \$13.00 |
| <input type="checkbox"/> FIV/FelV/Heartworm Testing \$40.00 | <input type="checkbox"/> 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: _____