

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 Name _____

Please select the services you wish to have performed today:

- | | |
|---|--|
| <input type="checkbox"/> Rabies Vaccination \$19 | <input type="checkbox"/> Heartworm Prevention (6m supply) \$30 |
| <input type="checkbox"/> FVRCP Vaccination \$28 | <input type="checkbox"/> Cardboard Carrier \$5.00 |
| <input type="checkbox"/> FeLV Vaccination \$23 | <input type="checkbox"/> Pyrantel De-Wormer \$9 _____ |
| <input type="checkbox"/> Microchip \$21 | <input type="checkbox"/> Capstar (24 hour flea treatment) \$6- \$7 |
| <input type="checkbox"/> Activyl/Vectra flea prevention (1m) \$13-\$16.50 | <input type="checkbox"/> FIV/ FeLV Combo Test \$40 |

Patient Name _____

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|--|--|
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Professional fees are due at the time services are rendered. For your convenience we accept cash and all major credit 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 the Butte Humane Society Clinic's DVMs, 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: _____