

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"/> Cardboard Carrier \$6.45 |
| <input type="checkbox"/> FVRCP Vaccination \$28 | <input type="checkbox"/> Pyrantel De-Wormer \$9 |
| <input type="checkbox"/> FeLV Vaccination \$32
(Recommend doing a triple test first
before vaccinating your pet) | <input type="checkbox"/> Capstar (24 hour flea treatment) \$7- \$9 |
| <input type="checkbox"/> Microchip \$35 | <input type="checkbox"/> FIV/ FeLV Combo Test \$48 |
| <input type="checkbox"/> Flea prevention (1m) Prices Vary on
Weight | |

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 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!

Or Circle: \$1.00 \$5.00 \$10.00 \$20.00 \$30.00 \$40.00 \$50.00 \$60.00 \$70.00 \$80.00 \$90.00 \$100.00

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: _____