

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 _____ Age _____

Please select the services you wish to have performed today:

- | | |
|--|---|
| <input type="checkbox"/> Rabies Vaccination \$25 | <input type="checkbox"/> Capstar (24hr flea treatment) \$7-\$9 |
| <input type="checkbox"/> Rabies Tag \$2.50 | <input type="checkbox"/> Flea/Tick Prev. (1m) Prices vary on weight |
| <input type="checkbox"/> DHLPP Vaccination \$35 | <input type="checkbox"/> 4DX Heartworm Test (if over 6 mon old) |
| <input type="checkbox"/> Bordetella Vaccination \$31 | <input type="checkbox"/> \$50.28 |
| <input type="checkbox"/> K9 Influenza Vaccination \$46 | <input type="checkbox"/> Pyrantel De-Wormer \$9 |
| <input type="checkbox"/> K9 Lyme Vaccination \$39 | <input type="checkbox"/> Microchip \$35 |

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 the BHS doctors 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:** _____