

Butte Humane Society Veterinary Center: 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 _____ Temp _____ Weight _____

Please select the services you wish to have performed today: Any C/V/S/D HX VX Reaction Y/N

- Rabies Vaccination \$30
- Rabies Tag \$2.50
- DHLPP Vaccination \$45
- Bordetella Vaccination \$39
- K9 Influenza Vaccination \$49
- K9 Lyme Vaccination \$58

- DHPP or LEPTO (solo) \$40
- Flea/Tick Prev. (1m) Prices vary on weight
- 4DX Heartworm Test (if over 6 mon old)
\$52.00)
- Pyrantel De-Wormer \$9
- Microchip \$35/ TNT \$25 _____ \$35 _____

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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 \$5.00 _____ \$10.00 _____ \$20 _____ \$25.00 _____ other \$ _____ 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: _____