

## Butte Humane Society Veterinary Center: 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 \_\_\_\_\_ Age \_\_\_\_\_ Temp \_\_\_\_\_ Weight \_\_\_\_\_ M/C \_\_\_\_\_

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

<input type="checkbox"/> Heartworm Prevention \$42	<input type="checkbox"/> Rabies Vaccination \$30
<input type="checkbox"/> Cardboard Carrier \$9	<input type="checkbox"/> FVRCP Vaccination \$36
<input type="checkbox"/> Pyrantel De-Wormer \$9	<input type="checkbox"/> FeLV Vaccination \$40
<input type="checkbox"/> Capstar (24 hour flea treatment)\$6- \$7	<input type="checkbox"/> Microchip \$35 / TNT \$25 _____ \$35 _____
<input type="checkbox"/> Feline Triple Test \$51	<input type="checkbox"/> Flea Prevention

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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 \$5.00 \_\_\_\_\_ \$10 \_\_\_\_\_ \$20 \_\_\_\_\_ \$25 \_\_\_\_\_ 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: \_\_\_\_\_