

**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: \_\_\_\_\_