

NORTHWEST ANIMAL CLINIC & HOSPITAL

STAFF VERIFY VACCINES

To the best of my knowledge this information is correct

Date \_\_\_/\_\_\_/\_\_\_

Initial

**Important medical information**

The Reason for this visit: \_\_\_\_\_

Has this patient experienced any of the following: Please **Circle** yes or no.

yes no -- Gaining weight or Losing weight ? (circle one)

yes no -- Spayed/Neutered Year \_\_\_\_\_

yes no -- Limping

yes no -- Scratching

yes no -- Seizures

yes no -- Depressed /listless

yes no -- Ear problems

yes no -- Eye problems

yes no -- Fainting or weakness

yes no -- Lumps or bumps

yes no -- Coughing, sneezing, wheezing (circle all that apply)

yes no -- Increased water consumption

yes no -- Urination changes/difficulties

yes no -- Bad breath

yes no -- Increased/Decreased appetite (circle one)

yes no -- Other? \_\_\_\_\_

yes no -- Vomiting

Stools are : normal or abnormal (circle one)

Diet consists of \_\_\_\_\_

Patient's Lifestyle (Indoor/Outdoor) \_\_\_\_\_

Current medications: \_\_\_\_\_

**CONSENT FORM: Read and Sign Below.**

I am the owner, or the agent of the owner, of the above described animal and have the authority to execute this consent. I hereby consent and authorize the performance of the listed procedure or operation. I understand that during the performance of the procedure or operation, unforeseen conditions may be revealed that necessitates extension of the listed procedure, or operation, of different procedure(s) or operation(s) than those set forth. Therefore I hereby consent to and authorize the performance of such procedure(s) or operation(s) as are necessary and desirable in the exercise of the veterinarian's professional judgment. I also authorize the use of appropriate anesthetics and other medications and I understand that hospital support personnel will be employed as deemed necessary by the veterinarians to provide the necessary care for this animal..

I have been advised as to the nature of the procedure or operation and the risks involved including death. I realize that results cannot be guaranteed.

Payment is due at time of service. \$ \_\_\_ Cash \_\_\_ Credit Card \_\_\_ Check \_\_\_ Care Credit

**I have read and understand this authorization and consent to the listed procedure(s).**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Phone #: \_\_\_\_\_

## Vaccine Clinic Services Canines

Please **Circle** the following services that you would like for your pet today:  
(Prices Plus Tax)

- Rabies** Yes No (\$7.00)  
*a deadly neurological disease contagious and fatal to humans*
- DA2PP** Yes No (\$22.00)  
*Distemper (D) is a deadly disease and is frequently fatal  
Para influenza (P) is a respiratory disease  
Adenovirus, (A2) cause hepatitis and respiratory disease  
Parvovirus (P) is a deadly intestinal infection—**ABQ has a high incidence of Parvovirus!!**  
A common cause of death in dogs ☹*
- Bronchitis** Yes No (\$22.00)  
*Our label for 3 contagious respiratory diseases: Para influenza, Adenovirus and Bordatella (kennel cough) issues. **Highly recommended** for people that take their pets to boarding facilities, groomers, pet stores and dog parks*
- Leptospirosis** Yes No (\$22.00)  
*Can cause multi-systemic infections including hepatitis (liver) and nephritis (kidneys) Concern of being contagious to humans. Recommend for pets that are exposed to water sources (ditches, rivers, lakes) where wildlife are present also.*
- Canine Influenza (Flu) Vaccine** Yes No (\$48.00)  
**(H3N2, H3N8, Killed Virus Combination)**
- Rattlesnake** Yes No (\$22.00)  
*Rattlesnake bites can kill. If your dog “plays” with rattlesnakes-get the vaccine*
- Heartworm Test Yes No (\$53.58)  
Dispense Heartgard Yes No (Varies depending on weight)
- Intestinal Parasite Assessment (IPA) Yes No (\$35.12)
- Would you like to schedule an Annual Physical Exam? Yes No (\$55.47)
- Express Anal Glands Yes No (\$54.30)
- Dental Checkup FREE Yes No (Free)
- Dispense Flea Products Yes No (Varies)

NOTES:

Patient: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_