COMMUNITY VETERINARY CLINIC

~Thank you for choosing CVC – please let us know if you have any questions about this form~

Phone number where you can be reached today:_____

Owner's Name:_____

email:_____

Mailing Address:_____Zip:_____

Home Phone:_____

Cell:_____

More space for multiple animals on back of the same sheet.

Pet's Name:_____ Gender:_____ Sp/Ntr   Age :_____ Wk / Mth / Yr

Breed:_____ Color:_____ Weight: _____

Last time pet ate:_____ am / pm

**SURGERY:	****VACCINATION:**	**PREVENTATIVE:**
☐ **Female Spay** **$76.00**	☐ **Yearly Distemper Vaccination** **$41.00** (Initial vax: $37.00)	☐ **Dispense de-wormer** (yearly) ◯ Topical **$30.00** ◯ Oral **$20.00**
☐ **Male Neuter** **$60.00** Cryptorchid - Add $58.00	☐ **Leukemia Vaccination** **$47.00** (Initial Vax: $39.00)	☐ **Kitten de-wormer** **$15.00** (under 3 months)
☐ **Ear punch** $**0.00** (to indicate alter status)	☐ **Rabies Vaccination** **$11.00** (every 2 years after initial booster)	☐ **Microchip** **$45.00**

To better identify spayed females green ink will be applied to the incision.

"We want to make your pet Facebook famous!

Do we have permission to share your pet's photo and story on social media, our website and other marketing materials?"   Yes   No

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I, _____, being responsible for the above described animal, have the authority to **grant you my consent to perform the selected procedures upon my pet and understand that they do not get an exam, options for pre-anesthetic bloodwork or IV fluids**. You are to use all responsible precautions against injury, escape, or death of my pet, but you will not be responsible or liable in any manner in connection therewith as it is thoroughly understood that I assume all risks. I will be responsible for all fees and service charges including legal fees associated with the treatment of my pet.

After having carefully read the above,

I signed in agreement:

Owner or Responsible Party_____**Date:**_____

**Biohazard Fee of $7.00 added to each invoice

Other:_____
_____
_____
_____

Total:_____ **V / MC / D /CC / Cash**

Client account # _____   Charges ■   Notes ■   Call ■   Initials: _____

Name	Gender	Age	Breed	Color	Weight	Procedure