

Vaccine Clinic Requested Services

(May be filled electronically or printed, hand filled, scanned or photographed)

Client Name: _____ Date: _____

PET #1 To Be Completed By Client/Owner

| | | | |
|-----------------------------------------------------------------|--------------------------------------------------------------|------------------------------------------------------------------|----------------------|
| Pet Name: | <input type="checkbox"/> DOG <input type="checkbox"/> CAT | Breed: | Age: |
| DOGS | | CATS | |
| <input type="checkbox"/> Rabies: (over 12 weeks old only) | \$20/\$25 1yr/3yr | <input type="checkbox"/> Rabies (over 12 weeks old only) | \$20/\$25 1yr/3yr |
| <input type="checkbox"/> DA2PP | \$25/\$42 1yr/3yr | <input type="checkbox"/> FVRCP | \$55 1yr/3yr |
| <input type="checkbox"/> Leptospirosis (over 12 weeks old only) | \$24 | <input type="checkbox"/> Leukemia (over 12 weeks old only) | \$53 |
| <input type="checkbox"/> Bordetella (over 12 weeks old only) | \$25 | <input type="checkbox"/> Microchip | \$35 |
| <input type="checkbox"/> Microchip | \$35 | <input type="checkbox"/> Oral Heartworm/Flea prevention | Varies |
| <input type="checkbox"/> Heartworm SNAP Test | \$50 | <input type="checkbox"/> Feline Leukemia/FIV/Heartworm SNAP Test | \$66 |
| <input type="checkbox"/> Oral Heartworm/Flea prevention | Varies | | |
| <input type="checkbox"/> ProHeart injectable Heartworm Prev | Varies | | |

PET #2 To Be Completed By Client/Owner

| | | | |
|-----------------------------------------------------------------|--------------------------------------------------------------|------------------------------------------------------------------|----------------------|
| Pet Name: | <input type="checkbox"/> DOG <input type="checkbox"/> CAT | Breed: | Age: |
| DOGS | | CATS | |
| <input type="checkbox"/> Rabies: (over 12 weeks old only) | \$20/\$25 1yr/3yr | <input type="checkbox"/> Rabies (over 12 weeks old only) | \$20/\$25 1yr/3yr |
| <input type="checkbox"/> DA2PP | \$25/\$42 1yr/3yr | <input type="checkbox"/> FVRCP | \$55 1yr/3yr |
| <input type="checkbox"/> Leptospirosis (over 12 weeks old only) | \$24 | <input type="checkbox"/> Leukemia (over 12 weeks old only) | \$53 |
| <input type="checkbox"/> Bordetella (over 12 weeks old only) | \$25 | <input type="checkbox"/> Microchip | \$35 |
| <input type="checkbox"/> Microchip | \$35 | <input type="checkbox"/> Oral Heartworm/Flea prevention | Varies |
| <input type="checkbox"/> Heartworm SNAP Test | \$50 | <input type="checkbox"/> Feline Leukemia/FIV/Heartworm SNAP Test | \$66 |
| <input type="checkbox"/> Oral Heartworm/Flea prevention | Varies | | |
| <input type="checkbox"/> ProHeart injectable Heartworm Prev | Varies | | |

TO BE COMPLETED BY CLINIC STAFF

| | |
|-------------------------------------------|--------------------------------------------------------------------------|
| | |
| Vet/Vet Tech Signature(s) | Receptionist Signature |
| Total Due: | Payment Type: |
| Pet #1: _____ Pet #3: _____ | <input type="checkbox"/> CASH <input type="checkbox"/> CREDIT/DEBIT CARD |
| Pet #2: _____ Pet #4: _____ | <input type="checkbox"/> CARECREDIT <input type="checkbox"/> SCRATCHPAY |

Vaccine Clinic Requested Services

(May be filled electronically or printed, hand filled, scanned or photographed)

Client Name: _____ Date: _____

PET #3 To Be Completed By Client/Owner

| | | | |
|-----------------------------------------------------------------|--------------------------------------------------------------|------------------------------------------------------------------|----------------------|
| Pet Name: | <input type="checkbox"/> DOG <input type="checkbox"/> CAT | Breed: | Age: |
| DOGS | | CATS | |
| <input type="checkbox"/> Rabies: (over 12 weeks old only) | \$20/\$25 1yr/3yr | <input type="checkbox"/> Rabies (over 12 weeks old only) | \$20/\$25 1yr/3yr |
| <input type="checkbox"/> DA2PP | \$25/\$42 1yr/3yr | <input type="checkbox"/> FVRCP | \$55 1yr/3yr |
| <input type="checkbox"/> Leptospirosis (over 12 weeks old only) | \$24 | <input type="checkbox"/> Leukemia (over 12 weeks old only) | \$53 |
| <input type="checkbox"/> Bordetella (over 12 weeks old only) | \$25 | <input type="checkbox"/> Microchip | \$35 |
| <input type="checkbox"/> Microchip | \$35 | <input type="checkbox"/> Oral Heartworm/Flea prevention | Varies |
| <input type="checkbox"/> Heartworm SNAP Test | \$50 | <input type="checkbox"/> Feline Leukemia/FIV/Heartworm SNAP Test | \$66 |
| <input type="checkbox"/> Oral Heartworm/Flea prevention | Varies | | |
| <input type="checkbox"/> ProHeart injectable Heartworm Prev | Varies | | |

PET #4 To Be Completed By Client/Owner

| | | | |
|-----------------------------------------------------------------|--------------------------------------------------------------|------------------------------------------------------------------|----------------------|
| Pet Name: | <input type="checkbox"/> DOG <input type="checkbox"/> CAT | Breed: | Age: |
| DOGS | | CATS | |
| <input type="checkbox"/> Rabies: (over 12 weeks old only) | \$20/\$25 1yr/3yr | <input type="checkbox"/> Rabies (over 12 weeks old only) | \$20/\$25 1yr/3yr |
| <input type="checkbox"/> DA2PP | \$25/\$42 1yr/3yr | <input type="checkbox"/> FVRCP | \$55 1yr/3yr |
| <input type="checkbox"/> Leptospirosis (over 12 weeks old only) | \$24 | <input type="checkbox"/> Leukemia (over 12 weeks old only) | \$53 |
| <input type="checkbox"/> Bordetella (over 12 weeks old only) | \$25 | <input type="checkbox"/> Microchip | \$35 |
| <input type="checkbox"/> Microchip | \$35 | <input type="checkbox"/> Oral Heartworm/Flea prevention | Varies |
| <input type="checkbox"/> Heartworm SNAP Test | \$50 | <input type="checkbox"/> Feline Leukemia/FIV/Heartworm SNAP Test | \$66 |
| <input type="checkbox"/> Oral Heartworm/Flea prevention | Varies | | |
| <input type="checkbox"/> ProHeart injectable Heartworm Prev | Varies | | |

Signature if supported by reader

Print name if signature not supported by your reader

Date

Special note for pets under 6 months or over 8 years of age: Pflugerville Animal Hospital will vaccinate your pediatric or geriatric pet through this vaccine clinic, but we HIGHLY RECOMMEND these pets be seen through our regular office call/examination hours instead. We will be happy to schedule a regular office call so that we will have the time to consult with you on the additional special needs of pediatric and geriatric pets.