## Owner Information

Name

Address						
City	IL	Zip				
County						
Phone						
Phone Alt						
Email						
Are you an exsisting client of	of our clinic?	O Yes O No				
Pet Information		O Dog				
Name		O Cat				
Age or DOB		– O Male				
Color	O Female					
Breed						
Any injuries or prior medical conditions? If Yes, explain:		O Yes O No				
Which vaccines does your pet need:						
🔿 Rabies 1 Year (\$20)	Rabies 1 Year (\$20) County Tag required, (Kane-Kendall-Dupage)					
Rabies 3 Year (\$25)	Year (\$25) 3 Year requires proof of 1 Year vaccine not expired					

O Distemper (\$20) Distemper Dog or Cat (most beneficial) O Lepto (\$20) Found in wildlife urine/water - \$10 w/distemper O Bordetella (\$20) Kennel Cough, Boarding/Groomers, Dog Parks O Lyme (\$20) Exposure to ticks, transmitted by ticks

## The following additional services are available:

Heartworm Test	? (\$18) (dogs)	O Yes	O No				
Heartworm Test	with Lyme Test 4DX (\$28) (dogs)	○ Yes	◯ No				
Purchase Heartg	gard Plus QTY months	○ Yes	O No				
Purchase NexGa	rd QTY months	O Yes	O No				
Microchip? (\$30	) Includes registration to owner	⊖ Yes	O No				
Blood Panel (\$36	O Yes	O No					
\$36 = PreOp Panel (10 Chemistry Panels & CBC) \$58 = Basic Panel (17 Chemistry Panels & CBC) \$98 = Full Panel (17 Chemistry & CBC & Lytes & SDMA & T4 thyroid)							
Fecal Anaylsis se Bring sample collecte bringing	⊖ <sup>Y</sup> es	O No					
Urinalysis (\$40)	Can bring urine in container and keep refrigerated before bringing	O Yes	O No				

Fox Valley Animal Welfare League



## CLINIC USE ONLY

Microchip Number:					
Exam:			Weig	ght:	
Eating & Dri	nking	BC	S		
No V-D-C-S					
Normal Acti	vity	/ 9	<u> </u>		
Rabi 1 YR	es 2 3 YR				
$\bigcirc$	emper g Cat				
CLept	0				
	detella				
◯ Lym	e				
Hear	rtworm	Ν	egative	Positi	ve
C Lab	Work	Chem 10	) Chem	n 17 Fu	ll Panel