

CLINIC CHECK-IN QUESTIONNAIRE



OWNER INFORMATION – ONE FORM/PET

First Name _____ Last Name _____ Date _____
 Street Address _____ City _____ State _____ Zip _____
 Home/Cell Phone _____ Email Address _____

PET INFORMATION

DOG CAT MALE FEMALE NEUTERED SPAYED UNALTERED

Pet's Name _____ Age _____

Breed _____ Color/Markings _____

Microchip # _____

1. If your pet is not spayed/neutered? YES NO If NO, why not? _____
2. Are you interested in information about spaying/neutering? YES NO NA
3. Is your pet currently taking any medication? YES NO If YES, what? _____
4. Has your pet had an allergic reaction to a vaccine insect bite or any medication in the past? YES NO If YES, when? _____
5. Is your pet currently pregnant or nursing? YES NO NA If YES, when? _____
6. In the past month, has your pet had any: YES NO If YES, when? _____
 Coughing, Sneezing, Diarrhea, Not Eating, Vomiting

DOGS

Please check what your dog/puppy needs today

PUPPY SHOTS

Shot	Min. Age	Price
<input type="checkbox"/> Set 1 – DAPPv (<i>distemper, adenovirus 1&2, parainfluenza, parvovirus & Intra-Trac 3 (kennel cough)</i>)	8 wks	\$20
<input type="checkbox"/> Set 2 - DAPPv Booster	12 wks	\$10
<input type="checkbox"/> Set 3 - DAPPv Booster & Rabies	16 wks	\$30
<input type="checkbox"/> Set 4 - DAPPv Booster	20 wks	\$10

DOG SHOTS (4 mo. or older)

<input type="checkbox"/> Full Dog Set DAPPv, Intra-Trac 3, & Rabies	4 mo.	\$40
*If dog has never had any shots, will need booster 3-4 weeks later.		

MICROCHIP

<input type="checkbox"/> Microchip	any	\$20
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CATS

Please check what your cat/kitten needs today

KITTEN SHOTS

Shot	Min. Age	Price
<input type="checkbox"/> Set 1 – FVRCP (<i>rhinotracheitis, calicivirus and panleukopenia</i>) +FELV (<i>feline leukemia</i>)	8 wks	\$20
<input type="checkbox"/> Set 2 - FVRCP+FELV Booster	12 wks	\$20
<input type="checkbox"/> Set 3 - FVRCP+FELV & Rabies	16 wks	\$40

CAT SHOTS (4 mo. or older)

<input type="checkbox"/> Full Cat Set - FVRCP+FELV & Rabies *If cat has never had any shots, will need booster in 3-4 weeks later.	4 mo.	\$40
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MICROCHIP

<input type="checkbox"/> Microchip	any	\$20
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THIS SECTION FOR MHC STAFF ONLY

Total: \$ _____ Paid: CC Check # _____ Cash

PLEASE COMPLETE BACK OF FORM →



Owner Vaccine and/or Microchip Release

By signing below, I affirm that:

1. I understand the vaccinations of my pet will substantially reduce, but may not completely eliminate my pet's chances of contracting the disease or disease vaccinated against.
2. I understand that my pet may develop anorexia, lethargy, fever, and soreness within a few hours following vaccination and can last for up to 24 hours. I understand these adverse effects are usually minor and will usually resolve without the need for additional veterinary care. I understand that should my pet develop any severe or unanticipated reaction to the vaccination such as persistent vomiting or diarrhea, itchy skin (hives) swelling of muzzle and around face, neck or eyes, or severe cough/difficulty breathing, I should contact my veterinarian immediately for instructions.
3. I understand that getting my pet vaccinated may trigger autoimmune diseases, ONLY IF the pet has a preexisting condition.
4. I understand that Midland Humane Coalition or any agency associated with Midland Humane Coalition makes no warranty, either expressed or implied, as to the safety or efficacy of the vaccine being used and will not be held responsible for any reaction up to and including death.
5. I understand the information provided to me concerning vaccinations and the diseases they are intended to protect against and the adverse reactions that could occur. I have had opportunity to ask questions I have concerning about this information and vaccinations, and I have had all my questions answered to my satisfaction.

I request and give permission to have my pet vaccinated and/or microchipped.

Owner Signature (or responsible party)

Date

Witness Signature

Date