

# Original Medical Record

Today's date: \_\_\_\_/\_\_\_\_/\_\_\_\_



Pet:		Client ID:	(Office Use)
Species:	<b>CANINE</b>	Owner:	
Breed:		Address:	
Color:		City/State:	
Age:		Zip:	
Sex:		Phone 1:	
Weight:		Phone 2:	
Allergies:		Email:	

Has this animal ever had any reaction to vaccinations, drugs, or medications? Yes \_\_\_\_ No \_\_\_\_

If yes, please explain \_\_\_\_\_

Has this animal bitten or scratched anyone in the past 10 days? Yes \_\_\_\_ No \_\_\_\_

I, being of legal age and responsible for the animal described above, have the authority to grant the Chesapeake Humane Society C.A.R.E. Clinic and its staff members, volunteers, or agents my consent to vaccinate the animal named above.

I understand that modern techniques and trained staff will be used to care for all animals and that reasonable precautions will be used against injury, escape, or destruction of the animal. It is thoroughly understood that the Chesapeake Humane Society C.A.R.E. Clinic, its staff, volunteers, and agents will not be held liable or responsible in any manner and that I assume all risks.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Please select all desired services for your DOG.**

- |   |   |
|---|---|
| <input type="checkbox"/> Rabies 1yr, \$15                                 | <input type="checkbox"/> Bordetella, \$20                                     |
| <input type="checkbox"/> Rabies 3yr (requires previous certificate), \$15 | <input type="checkbox"/> Canine Flu, \$22                                     |
| <input type="checkbox"/> DHPP, \$20                                       | <input type="checkbox"/> Heartworm Test, \$18 _____                           |
| <input type="checkbox"/> DHLPP, \$22                                      | <input type="checkbox"/> Microchip: _____, \$30                               |
| <input type="checkbox"/> Leptospirosis, \$15                              | <input type="checkbox"/> De-worming                    D                    S |

**Indicate which of these items you would like to purchase today.**

- Flea preventative:    \_\_\_\_ Single dose    \_\_\_\_ 6 months    \_\_\_\_ 1 year
- Heartworm preventative:    \_\_\_\_ Single dose    \_\_\_\_ 6 months    \_\_\_\_ 1 year
- I decline flea and heartworm preventative for my pet.
- City License:    \_\_\_\_ Altered pet, \$4    \_\_\_\_ Unaltered pet, \$10

**Clinic Use**

General Appearance <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	Integumentary <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	Musculoskeletal <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	Respiratory <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal
Digestive <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	Genitourinary <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	Ears <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	Neural Systems <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal
Lymph Nodes <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	Eyes <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	Circulatory <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	Mucous Membranes <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal

Notes: \_\_\_\_\_

Charting Complete Initials _____ Date _____ Time _____
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Weight: \_\_\_\_\_