Original Medical Record

Today's date:

Pet:		**Client ID:**	**(Office Use)**
Species:	**CANINE**	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

Available services for your DOG

- ☐ Vaccine Clinic Exam, $10
- ☐ Surcharge -Unaltered Pet x ____ ☐ Scheduling Deposit
- ☐ Aggressive Fee, $20
- ☐ Rabies, $15: __1yr __3yr (requires previous certificate),
- ☐ Heartworm Antigen Test, $18 (N/P)_____ Wait ☐ Call ☐
- ☐ Heartworm 4DX Test, $35 Wait ☐ Call ☐
  Results (N/P): HW____Ehrlichia____Lyme____Anaplasma____
- ☐ DHPP, $20 __1st __ 2nd __3rd __1y __ 3y
- ☐ DHLPP, $22 _____/_____
- ☐ Leptospirosis, $15 __1st __1y
- ☐ Bordetella 1y, $20
- ☐ Canine Flu Bivalent, $22 __1st __1y
- ☐ Canine Lyme, $25 __1st __1y
- ☐ Microchip$30: _____
- ☐ De-worming - S __cc D __ tabs

☐ Flea preventative: Vectra (1 month) x_____
Bravecto (3 months) x _____
Seresto collar (8 months) x _____
☐ I decline flea preventative

☐ Heartworm preventative:
Sentinel Spectrum: __Single dose __6 mo __1 year
Milbeguard: __Single dose __6 mo __1 year
Pro Heart 6mo Injection, $30 - $85:_____ cc
☐ I decline heartworm preventative:
☐ Will purchase online ☐ Has at home ☐ Does not want

☐ City License: __Altered pet, $4 __Unaltered pet, $10

Completed
Initials ___
Date _____

Weight: _____ # / Kg
BCS: __/9 _____
CRT/MM: _____
Coat/Skin: _____
Eyes: _____
Ears: _____
N/T: _____
Dental Calc: __/5 _____
H/L: _____
GI/UG: _____
M/S: _____
Neuro: _____
LN: _____

Assessment:_____
_____
_____
_____
_____

Plan: _____
_____

Dental Consult:
Periodontal Disease: ____/___
Dental Slots ___ Extractions _____

Vaccine Labels

Additional Services:
☐ Ear Cytology, $15:_____
☐ Ear Cleaning, $15: ____
☐ Claro medication, $20 per ear: ___Left ___Right
☐ Diphenhydramine 50mg/ml, $15 ____cc ____ time