

# 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 \_\_\_\_\_

### Available services for your DOG

- Vaccine Clinic Exam, \$20
- Surcharge -Unaltered Pet x \_\_\_\_\_  Scheduling Deposit
- Aggressive Fee, \$20
- Rabies, \$20: \_\_1yr \_\_3yr (requires previous certificate),
- Heartworm Antigen Test, \$20 (N/P)\_\_\_\_\_ Wait  Call
- Heartworm 4DX Test, \$35 \_\_\_\_\_ Wait  Call   
Results (N/P): HW\_\_\_\_ Ehrlichia\_\_\_\_ Lyme\_\_\_\_ Anaplasma\_\_\_\_
- DHPP, \$25 \_\_1<sup>st</sup> \_\_2<sup>nd</sup> \_\_3<sup>rd</sup> \_\_1y \_\_3y
- DHLPP, \$35 \_\_\_\_\_/\_\_\_\_\_
- Leptospirosis, \$20 \_\_1<sup>st</sup> \_\_1y
- Bordetella 1y, \$22
- Canine Flu Bivalent, \$30 \_\_1<sup>st</sup> \_\_1y
- Canine Lyme, \$30 \_\_1<sup>st</sup> \_\_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 : \_\_\_\_\_ cc  
Pro Heart 12mo injection: \_\_\_\_\_ cc
- I decline heartworm preventative:
- Will purchase online  Has at home  Does not want
- City License: \_\_Altered pet, \$4 \_\_Unaltered pet, \$10

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 \_\_\_\_\_

Additional Services:

- Ear Cytology : \_\_\_\_\_
- Ear Cleaning: \_\_\_\_\_
- Claro medication, \$25 per ear: \_\_Left \_\_Right
- Diphenhydramine 50mg/ml, \$15 \_\_\_\_\_cc \_\_\_\_\_time

