

Canine Check-In



HUMANE SOCIETY — of Indianapolis —



Owner First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone 1: _____ Phone 2: _____

Email address: _____

Dog Name: _____ Breed(s): _____

Age/DOB: _____ Gender: Male / Female Color(s): _____

Is your dog spayed/neutered? YES / NO / UNKNOWN How long have you had this dog? _____

*****Does this dog ever need a muzzle for vaccines or other procedures? *****

(CIRCLE ONE) YES / NO / UNKNOWN

***Dogs must be in good health to receive vaccinations; dogs with health concerns may not be vaccinated and may be referred to a full-service vet clinic. Pregnant animals should not receive vaccinations other than rabies. There are a small percentage of dogs that will have an allergic reaction to vaccines. Reaction symptoms may include swollen face, ears, muzzle, eyelids and/or rubbing of the face. Please advise the vet if your dog is pregnant or previously had an allergic reaction to vaccines. ***

Has this dog been to our clinic before? (Circle) Y / N How did you hear about us? _____

Does your dog have a regular vet? (Circle) Y / N Vet/Office Name: _____

Does your dog have a Microchip? (Circle) Y / N Microchip #: _____

(Females) Is it possible she is pregnant? (Circle) Y / N Date of last heat? _____

Does your dog seem healthy? (Circle) Y / N: Coughing / Sneezing / Vomiting / Diarrhea / Other _____

Has your dog ever had a reaction to vaccines, medications or an insect bite/sting? (Circle) Y / N

If YES, please describe: _____

Date of last vaccines: _____ Date of last heartworm test: _____

Is your dog currently taking heartworm prevention medication? (Circle) Y / N

Is your dog taking any other medication (antibiotic, allergy meds, seizure meds, etc.)? (Circle) Y / N

If YES, please describe: _____

***I understand that vaccinations may cause adverse reactions in some animals. I hereby release the Humane Society of Indianapolis, the veterinarians, veterinary assistants, and all its officers, directors, employees, and members of its staff from all claims arising out of, or connected with, giving these vaccinations. ***

***I will be subject to a \$10 intact animal fee if my animal is over 16 weeks of age and is not spayed/neutered at the time of services rendered. This fee will go towards the cost of a spay/neuter surgery at IndyHumane Animal Welfare Center, and will expire after one year if not used. ***

Client Signature

Date

STAFF USE

Animal #: _____

Weight: _____ lbs.

Rabies \$15 _____ 1Y / 3Y (12+ weeks. Up to date vaccination required by Indiana state law.)
DA2PPV \$15 _____ B: Y / N (Distemper, Adenovirus, Hepatitis, Parainfluenza and Parvovirus)
Bordetella \$15 _____ (Kennel Cough. Req. for dogs who visit grooming, boarding, etc.)
Lepto \$15 _____ B: Y / N (Recommended if you go hiking/camping. May need boosted.)

Vaccine Packages:

Basic Annual Vaccines (Rabies, DA2PPV) \$30 _____
Boarding/Grooming Vaccines (Rabies, DA2PPV, Bordetella) \$40 _____
Full Set Vaccines (Rabies, DA2PPV, Bordetella, Lepto) \$50 _____
Wellness Package (3 Vaccines, HWT, (12) Heartgard, (6) Frontline) \$200 _____

Testing

Idexx SNAP Heartworm Test \$20 _____
Basic Fecal Exam (T805) \$15 _____
Fecal Exam + Giardia (T808) \$25 _____

Microchipping

24PetWatch Microchip \$10 _____
Home Again Microchip \$20 _____

Heartworm Preventative

Heartgard Plus Puppy Pack _____
Heartgard Plus 00-25lbs \$10 _____ (1) \$30 _____ (6) \$60 _____ (12)
Heartgard Plus 26-50lbs \$10 _____ (1) \$35 _____ (6) \$70 _____ (12)
Heartgard Plus 51-100lbs \$10 _____ (1) \$40 _____ (6) \$80 _____ (12)

Dewormer

Strongid (pyrantel pamoate) - (Hookworm and Roundworm) \$10 _____ (dose _____)
Drontal <26lbs - (Hookworm, Roundworm, Whipworm, Tapeworm) \$15 _____ (tabs _____)
Drontal >26lbs - (Hookworm, Roundworm, Whipworm, Tapeworm) \$20 _____ (tabs _____)

Flea and Tick Control

Capstar \$6 _____ (1) \$18 _____ (3) \$36 _____ (6) \$72 _____ (12)
Revolution Puppy <5lbs \$15 _____ (1) \$40 _____ (3) \$80 _____ (6) \$160 _____ (12)
Frontline Gold Topical \$15 _____ (1) \$40 _____ (3) \$80 _____ (6) \$160 _____ (12)
Nexgard Chewable \$20 _____ (1) \$45 _____ (3) \$90 _____ (6) \$180 _____ (12)
Seresto Collar \$55 _____ (1)

EXAM NOTES:

(___ Intact Fee)
(___ Intact Female)
(___ Intact Male)
(___ Cryptorchid)
(___ Declined HWT)
(___ Declined Vax)
(___ Allergies)
(___ Dental Recc.)
(___ Ear Infection)
(___ Fleas Found)
(___ Overweight)