

Canine Check-In



HUMANE SOCIETY — of Indianapolis —



Owner First Name _____ Last Name _____
Address _____ City _____
State _____ Zip _____ Phone 1 _____ Phone 2 _____
Email address _____

Dog Name _____ Age _____ Birth Date: ____/____/____
Gender? (Circle) Male / Female Is your dog spayed or neutered? YES / NO / UNKNOWN
Breed(s) _____ Color(s) _____

*****Does your dog ever need a muzzle for vaccines or other procedures? *****
YES / NO / UNKNOWN ← *****Please Circle One *****

Has your dog been to this clinic before? (Circle) YES / NO
How did you hear about our clinic? _____
Where and when did you get this dog? _____
How many other cats/dogs do you have at home? _____ dogs _____ cats _____ other
Does your dog have a regular veterinarian? _____ If yes, who? _____
(For females) Is it possible that she may be pregnant? (Circle) YES / NO
(For females) Date of last known heat? _____
Where does this dog stay? (Circle) INSIDE / OUTSIDE / BOTH
Does your dog have a Microchip? (Circle) YES / NO

***Dogs must be in good health to receive vaccinations; those dogs with health concerns may not be vaccinated and should be seen by a full service veterinary clinic. There are a small percentage of dogs that will have an allergic reaction to vaccinations. Please advise the veterinarian if your dog has had a previous allergic reaction to vaccines. Symptoms of a reaction may include facial swelling, swollen ears, muzzle or eyelids and/or rubbing of the face. ***

Does your dog seem healthy to you? (Circle) YES / NO
Cough Sneezing Vomiting Diarrhea Other _____
Please explain: _____

Approximate date of last vaccines: _____

Has your dog ever had a reaction to vaccines, injections, medications or an insect bite/sting?
(Circle) YES / NO If YES please describe: _____

Has your dog ever had a seizure? (Circle) YES NO
If YES, please describe: _____

Date of last heartworm test: _____ Result: (Circle) NEGATIVE / POSITIVE / NEVER TESTED

Is your dog currently taking heartworm prevention medication? (Circle) YES / NO

Is your dog presently taking any other medication (antibiotic, allergy meds, etc.)? (Circle) YES / NO
If YES, 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 of its officers, directors, employees, and members of its staff from any and all claims arising out of, or connected with, giving these vaccinations.

***I understand that I will be subject to a \$10 intact animal fee if my animal is over 16 weeks/4 months 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 with IndyHumane and will expire after one year. ***

Client Signature _____

Date _____

STAFF USE

Dog's Name _____

Weight _____ lbs.
(Will be weighed at clinic)

Puppy Vaccinations: First Visit:
4 in 1 Vaccine \$15.00 _____

Second Visit: (3-4 weeks after first visit)
4 in 1 Vaccine \$15.00 _____

Dogs and Puppies: Yearly Visit:

Basic Annual Vaccine Package	Rabies, 4 in 1 Vaccine	\$30.00 _____
Boarding/Grooming Vaccine Package	Rabies, 4 in 1 Vaccine, Bordetella	\$40.00 _____
Full Vaccine Package	Rabies, 4 in 1 Vaccine, Bordetella, Lepto	\$50.00 _____
Yearly Wellness Package		\$200.00 _____

(Includes Rabies, 4 in 1, Bordetella, Heartworm Test, 12 mo. Heartworm Prevention, 6 mo. Flea/Tick Prevention)

Rabies	\$15.00 _____	(3 months or older. Vaccination required by Indiana state law.)
4 in 1 Vaccine	\$15.00 _____	(Distemper, Adenovirus 1 & 2, Parainfluenza and Parvovirus)
Bordetella	\$15.00 _____	(Kennel Cough. Recommend/required for dogs who visit grooming, daycare or boarding facilities, dog parks, etc.)
Leptospirosis	\$15.00 _____	(Spiral bacteria contracted from wildlife that can cause fevers, Liver/Kidney failure and can be transmitted to humans.)

BOOSTER: Y / N

Heartworm Test – dogs over 6 months of age, required to purchase preventative. \$20.00 _____
(**Heartworm is common in this part of IN, and is very fatal. Annual testing recommended. **)

Heartworm Preventative – (**MUST be purchased within 30 days of negative test result. **)

	(1 dose)	(6 months)	(1 year)
Heartgard Plus for Dogs 00-25lbs	\$10.00 _____	\$30.00 _____	\$60.00 _____
Heartgard Plus for Dogs 26-50lbs	\$10.00 _____	\$35.00 _____	\$70.00 _____
Heartgard Plus for Dogs 51-100lbs	\$10.00 _____	\$40.00 _____	\$80.00 _____
Heartgard Plus Puppy Sample Pack 00-25lbs	_____		

Fecal Testing - checking for intestinal parasites. Basic: \$15.00 _____ Comprehensive: \$25.00 _____

Dewormer - Recommended for dogs with unknown history, puppies under 4 months, or presenting worms in droppings.

Strongid (pyrantel pamoate) - Hookworm and Roundworm	\$10.00 _____	(cc given _____)
Drontal Plus (under 26lbs) - Hookworm, Roundworm, Whipworm, and Tapeworm	\$15.00 _____	(#tabs given _____)
Drontal Plus (over 26lbs) - Hookworm, Roundworm, Whipworm, and Tapeworm	\$20.00 _____	(#tabs given _____)

Flea and Tick Control

Revolution Puppy (flea, tick, heartworm)	\$15.00 _____
Frontline Plus Single Dose	\$15.00 _____
Frontline Plus Topical (3 months)	\$40.00 _____
NexGard/Simparica Single Dose	\$20.00 _____
NexGard/Simparica Chewable (3 months)	\$45.00 _____
Capstar (kills adult fleas only) (1 Tablet)	\$6.00 _____

Microchipping

24 Pet Watch Microchip	\$10.00 _____
Home Again Microchip	\$20.00 _____

**24 Pet Watch charges a \$21.95 fee each time you update your contact information. **
** Home Again updates are free. **

(__ Intact Fee) (__ Spay/Neuter Template) (__ Declined HWT/Prevention) (__ Vax Declined)
(__ Fleas Found) (__ Teeth Template) (__ Ear Template) (__ Obese Template) (__ Allergy Template)
Note: services are not taxed, but products will be charged 7% sales tax

NOTES:
