

# Canine Check-In



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? \*\*\***

**YES / NO / UNKNOWN**

Has this dog been to our clinic before? YES / NO How did you hear about us? \_\_\_\_\_

Does this dog have a microchip? YES / NO / UNKNOWN Microchip #: \_\_\_\_\_

Does your dog seem healthy? YES / NO / UNKNOWN: Coughing / Sneezing / Vomiting / Diarrhea

Other \_\_\_\_\_

Has your dog ever had a reaction to vaccines, medications or an insect bite/sting? YES / NO / UNKNOWN

If YES, please describe: \_\_\_\_\_

Date of last vaccines (if known): \_\_\_\_\_

Last heartworm test: \_\_\_\_\_ Is your dog on heartworm prevention? YES / NO / UNKNOWN

Is your dog taking any other medication (antibiotic, allergy meds, seizure meds, etc.)? YES / NO

If YES, please describe: \_\_\_\_\_

(Females only) Is she possibly is pregnant? YES / NO Date of last known heat? \_\_\_\_\_

\*\*\* Pets must be in good health to receive vaccinations; pets with health concerns may be referred to elsewhere. Pregnant animals should not receive vaccinations. There are a small percentage of pets that will have an allergic reaction to vaccines, including a swollen face, ears, muzzle, eyelids and/or rubbing of the face. Please advise the vet if your pet is pregnant or previously had an allergic reaction to vaccines. I hereby release the Humane Society of Indianapolis, the veterinarians, veterinary assistants, and all its members of staff from all claims arising from, or connected with, giving these vaccinations. \*\*\*

\*\*\* I will also be subject to a \$10 exam 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 ONLY

Animal #: \_\_\_\_\_

Weight: \_\_\_\_\_ lbs.

## DUE

\_\_\_\_\_ Rabies \$15 \_\_\_\_\_ Length: 1Y / 3Y  
\_\_\_\_\_ DA2PPV \$15 \_\_\_\_\_ Booster: Y / N  
\_\_\_\_\_ Bordetella \$15 \_\_\_\_\_  
\_\_\_\_\_ Lepto \$15 \_\_\_\_\_ Booster: Y / N  
\_\_\_\_\_ Lyme \$25 \_\_\_\_\_ Booster: Y / N

## Vaccine Packages:

Basic Annual Vaccines (Rabies, DA2PPV) \$30 \_\_\_\_\_  
Boarding/Grooming Vaccines (Rabies, DA2PPV, Bordetella) \$40 \_\_\_\_\_  
Full Set Vaccines (Rabies, DA2PPV, Bordetella, Lepto) \$50 \_\_\_\_\_

## Testing

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

## Microchipping

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

## Dewormer

Strongid (pyrantel pamoate) \$10 \_\_\_\_\_ (dose \_\_\_\_\_)  
Drontal <26lbs \$15 \_\_\_\_\_ (tabs \_\_\_\_\_)  
Drontal >26lbs \$20 \_\_\_\_\_ (tabs \_\_\_\_\_)

## 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)

## Flea and Tick Control

Capstar \$6 \_\_\_\_\_ (1)  
Seresto Collar \$55 \_\_\_\_\_ (1)  
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)

## EXAM NOTES:

(\_\_\_ Intact Fee)  
(\_\_\_ Intact Animal)  
(\_\_\_ Cryptorchid)  
(\_\_\_ Declined HWT)  
(\_\_\_ Declined Vax)  
(\_\_\_ Allergies)  
(\_\_\_ Dental Recc.)  
(\_\_\_ Ear Infection)  
(\_\_\_ Fleas Found)  
(\_\_\_ Overweight)