

# 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 this 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 this clinic? \_\_\_\_\_

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

Does this dog seem healthy? YES / NO / UNKNOWN: Coughing / Sneezing / Vomiting / Diarrhea  
Other \_\_\_\_\_

Has this dog ever had a reaction to vaccines, meds or an insect bite/sting? YES / NO / UNKNOWN  
If YES, please describe: \_\_\_\_\_

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

Date of last heartworm test: \_\_\_\_\_ Is your dog on heartworm prevention? YES / NO / UNKNOWN

Is this dog taking any other medication (antibiotic, allergy, seizure meds, etc.)? YES / NO / UNKNOWN  
If YES, please describe: \_\_\_\_\_

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

\*\*\* Pets must be in good health to receive vaccinations; pets with health concerns may be referred to elsewhere.

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

\*\*\* There \$10 exam fee if your animal is over 16 weeks of age and is not spayed/neutered at the time of services. This fee can be used towards a spay/neuter surgery at IndyHumane Animal Welfare Center for one year. \*\*\*

\_\_\_\_\_  
*Client Signature*

\_\_\_\_\_  
*Date*

# STAFF USE

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

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

## **DUE:**

\_\_\_\_\_ Rabies (\$15 \_\_\_\_\_) 1Y / 3Y  
\_\_\_\_\_ DA2PPV (\$15 \_\_\_\_\_) 1M / 1Y  
\_\_\_\_\_ Bordetella (\$15 \_\_\_\_\_)  
\_\_\_\_\_ Lepto (\$15 \_\_\_\_\_) 1M / 1Y  
\_\_\_\_\_ Influenza (\$15 \_\_\_\_\_) 1M / 1Y  
\_\_\_\_\_ Lyme (\$25 \_\_\_\_\_) 1M / 1Y

## **VACCINE STICKERS**

## **Testing:**

\_\_\_\_\_ Heartworm Test (\$20 \_\_\_\_\_)

## **Microchipping:**

(HomeAgain \$20 \_\_\_\_\_)

(24PetWatch \$15 \_\_\_\_\_)

## **Heartworm Preventative:**

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

## **Fecal Exams:**

Basic Fecal Exam (T805) (\$20 \_\_\_\_\_)  
Fecal Exam + Giardia (T808) (\$30 \_\_\_\_\_)

## **Dewormer:**

Strongid (pyrantel) (\$10 \_\_\_\_\_) (dose \_\_\_\_\_)  
Drontal/Virbantel (\$20 \_\_\_\_\_) (tabs \_\_\_\_\_)

## **Flea and Tick Control:**

Capstar (\$8 \_\_\_\_\_)  
Seresto Collar (\$55 \_\_\_\_\_)  
Frontline Gold (1 for \$15 \_\_\_\_\_) (3 for \$45 \_\_\_\_\_) (6 for \$90 \_\_\_\_\_) (12 for \$180 \_\_\_\_\_)  
Revolution <5lbs (1 for \$15 \_\_\_\_\_) (3 for \$45 \_\_\_\_\_) (6 for \$90 \_\_\_\_\_) (12 for \$180 \_\_\_\_\_)  
Nexgard Chewable (1 for \$20 \_\_\_\_\_) (3 for \$50 \_\_\_\_\_) (6 for \$100 \_\_\_\_\_) (12 for \$200 \_\_\_\_\_)

## **Exam Notes:**

(\_\_ Exam Fee)  
(\_\_ Intact)  
(\_\_ Cryptorchid)  
(\_\_ Declined HWT)  
(\_\_ Declined Vax)  
(\_\_ Allergies)  
(\_\_ Dental Soon)  
(\_\_ Ear Infection)  
(\_\_ Fleas Found)  
(\_\_ Overweight)

# STAFF USE