

Canine Check-In



Owner Full Name: _____ Person # (Staff): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone 1: _____ Phone 2: _____

Email address: _____

Dog Name: _____ Approx. Age/DOB: _____

Breed(s): _____ Color(s): _____

Gender: Male / Female Pattern: _____

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

*****Has this dog ever needed a muzzle for vaccines or other procedures? *****
YES / NO / MAYBE / UNKNOWN

Has your DOG been to any Indy Humane Vaccine 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 #: _____ Name: _____ Weight: _____ lbs.

Due Dates:

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

VACCINE STICKERS

Testing:

_____ Heartworm Test (\$20 _____)

Microchipping:

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) (\$5 _____)
Drontal/Virbantel (\$20 _____)(tabs _____)

Flea and Tick Control:

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

Nail Trim: (\$20 _____)

Exam Notes:

(_____) Exam Fee
(_____) Intact
(_____) Meds applied during exam

STAFF USE