

# Animal Friends Wellness Form

*Rabies Vaccination or Current Rabies Certificate Required for Services*

Animal's Name: \_\_\_\_\_

Owners Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

Address: \_\_\_\_\_ P.O. Box \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Species: **Dog / Cat** Sex: **Male / Female** **Spayed / Neutered / INTACT**

Breed: \_\_\_\_\_ Color \_\_\_\_\_ Age \_\_\_\_\_ (weeks, months, years)

List any **Behavioral concerns** (biting, aggression, feral, etc.) \_\_\_\_\_

Has your animal ever had a **seizure**? **Yes / No** If "yes" : \_\_\_\_\_

Any known **reactions** to vaccines or medications? **Yes / No** If "yes" \_\_\_\_\_

Has your animal shown any symptoms of illness recently? **Yes / No** If "yes" \_\_\_\_\_

Is your pet taking any medications? **Yes / No** Type/Last Given : \_\_\_\_\_

Is your pet possibly pregnant? **Yes / No**

Date of last Vaccines/Testing:  No vaccine history Rabies \_\_\_\_\_

Heartworm Test \_\_\_\_\_ Distemper/Parvo \_\_\_\_\_ Lepto \_\_\_\_\_ Bordetella \_\_\_\_\_

Feline Combo/Triple Test \_\_\_\_\_ FVRCP \_\_\_\_\_ FeLV \_\_\_\_\_

**Cats Only:** AFOWC recommends the use of the Pure Vax Rabies vaccine for cats to reduce the risk of injection site sarcomas and granulomas. I (circle one) **APPROVE / DO NOT APPROVE** the use of this vaccine at a charge of \$15.50.

Currently on Heartworm prevention? **Yes / No** Type: \_\_\_\_\_

Currently on Flea prevention? **Yes / No** Type: \_\_\_\_\_

Would you like to purchase heartworm prevention today? **Yes / No** Type: \_\_\_\_\_

- Please note Animal Friends does not approve any online pharmaceuticals or offer written prescriptions. Our products come directly from the manufacturer and are guaranteed. All guarantees by the product manufacturer are null and void if their products are purchased through any source other than a veterinarian.

I, \_\_\_\_\_, (circle one) **AUTHORIZE/ DO NOT AUTHORIZE** Animal Friends of Washington County to Post images of my pet to any social medial site or website.  
*Owner/Responsible Agent*

## **Reason for visit today**

An exam charge is in addition to vaccinations and all visits

Exam  Follow-Up / Recheck  New Puppy/Kitten Exam  Vaccinations  Nail Trim

Heartworm Test / Prevention  Feline Combo Test  Fecal Test  Other \_\_\_\_\_

Please Note Animal Friends Does NOT accept Checks



\_\_\_\_\_  
Owners Signature

\_\_\_\_\_  
Date