

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/FELV/FIV _____ **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 **\$19.00**.

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, which are guaranteed. All guarantees by the product manufacturer are invalid 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