

# PRICKLY PEAR PET VACCINES

## About You:

New Client / Current Client

Client Name: \_\_\_\_\_ Spouse Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ Apt./Unit#: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Cell Phone: (\_\_\_\_\_) \_\_\_\_\_ Home Phone: (\_\_\_\_\_) \_\_\_\_\_

Work Phone: (\_\_\_\_\_) \_\_\_\_\_ Alternate Phone: (\_\_\_\_\_) \_\_\_\_\_

Preferred Method of Contact: (Please circle one) Cell / Home / Work / Alternate

Preferred Method of Contact for Reminders: (Please circle one) E-Mail / Text / Mail

How did you hear about us? \_\_\_\_\_

## About Your Pet(s):

Are any of your pets sick, pregnant, or nursing? \_\_\_\_\_

Have any of your pets ever had a vaccine reaction? If so, please explain: \_\_\_\_\_

Do any of your pets have chronic allergies or health conditions? \_\_\_\_\_

## Please list all pets being seen today:

1. Name: \_\_\_\_\_ Sex: Male / Neutered Male / Female / Spayed Female

Age / Date of Birth: \_\_\_\_\_ Species: Cat / Dog

Breed: \_\_\_\_\_ Color: \_\_\_\_\_

2. Name: \_\_\_\_\_ Sex: Male / Neutered Male / Female / Spayed Female

Age / Date of Birth: \_\_\_\_\_ Species: Cat / Dog

Breed: \_\_\_\_\_ Color: \_\_\_\_\_

- I agree to pay the balance of my invoice on the day the services are received.
- I understand that since PPPV provides an online pharmacy through Vetsource, it does not approve prescription requests from other outside pharmacies.
- I grant permission to PPPV to use photographs and/or video of my pet in news releases, online, and other publications.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

• **Pet #1:** \_\_\_\_\_

Weight \_\_\_\_\_ Temp \_\_\_\_\_

Microchip # \_\_\_\_\_

**DOG**

- RV 1Y / 3Y \_\_\_\_\_
- DHPP Booster \_\_\_\_ / 1Y / 3Y
- Bordetella 1Y
- Lepto Booster \_\_\_\_ / 1Y
- K9 Flu Booster \_\_\_\_ / 1Y
- HW Test \_\_\_\_
- Microchip \_\_\_\_

**DOG MEDS**

- Proheart \_\_\_\_\_
- Triheart \_\_\_\_\_
- Revolution \_\_\_\_\_
- Simparica Trio \_\_\_\_\_
- Simparica \_\_\_\_\_
- Bravecto \_\_\_\_\_
- Pyrantel \_\_\_\_\_

**CAT**

- RV 1Y / 3Y
- FVRCP Booster \_\_\_\_ / 1Y / 3Y
- FeLV Booster \_\_\_\_ / 2Y
- Combo Test \_\_\_\_ Felv \_\_\_\_ FIV
- Microchip \_\_\_\_

**CAT MEDS**

- Revolution
- Pyrantel
- Praziquantel

Exam:

Plan:

• **Pet #2:** \_\_\_\_\_

Weight \_\_\_\_\_ Temp \_\_\_\_\_

Microchip # \_\_\_\_\_

**DOG**

- RV 1Y / 3Y \_\_\_\_\_
- DHPP Booster \_\_\_\_ / 1Y / 3Y
- Bordetella 1Y
- Lepto Booster \_\_\_\_ / 1Y
- K9 Flu Booster \_\_\_\_ / 1Y
- HW Test \_\_\_\_
- Microchip \_\_\_\_

**DOG MEDS**

- Proheart \_\_\_\_\_
- Triheart \_\_\_\_\_
- Revolution \_\_\_\_\_
- Simparica Trio \_\_\_\_\_
- Simparica \_\_\_\_\_
- Bravecto \_\_\_\_\_
- Pyrantel \_\_\_\_\_
- Virbantel \_\_\_\_\_

**CAT**

- RV 1Y / 3Y
- FVRCP Booster \_\_\_\_ / 1Y 3Y
- FeLV Booster \_\_\_\_ / 2Y
- Combo Test \_\_\_\_ Felv \_\_\_\_ FIV
- Microchip \_\_\_\_

**CAT MEDS**

- Revolution
- Pyrantel
- Praziquantel

Exam:

Plan: