



# Admission Form

**(Vaccine Clinic)**

Please complete a separate form for EACH pet.

Owner's Name:		Phone 1:	
Street Address:		County:	Phone 2:
City & State:		Zip:	Email:
Pet's Name:	Pet's Age:	Breed:	Description:
<input type="checkbox"/> Dog <input type="checkbox"/> Cat	<input type="checkbox"/> Male <input type="checkbox"/> Female	Health Concerns:	

**Would you like to donate to our \$PAY if Forward fund to help other pets in need?**  \$5  \$10  \$20  Other \_\_\_\_\_

### REQUESTED SERVICES

OTHER SERVICES		
<input type="checkbox"/> Exam	<input type="checkbox"/> Feline Distemper Vaccine	<b>3 YEAR RABIES VACCINE</b> <i>(Must have proof of current 1-year Rabies vaccine.)</i> <input type="checkbox"/> Exam + 3-year Rabies vaccine      \$25 <input type="checkbox"/> Upgrade in deluxe or standard package      \$5  Staff Initials: _____
<input type="checkbox"/> Canine Distemper Vaccine	<input type="checkbox"/> Feline Leukemia Vaccine	
<input type="checkbox"/> Bordetella Vaccine	<input type="checkbox"/> Combo Test	
<input type="checkbox"/> Heartworm Test	<input type="checkbox"/> Flea Treatment	
<input type="checkbox"/> Dewormer	<input type="checkbox"/> Nail Trim	
<input type="checkbox"/> Microchip w/Registration ( <i>\$15 with ANY package!</i> )		

FELINE PACKAGES			
	Deluxe \$55	Standard \$45	Kitten \$25
Check one:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exam	X	X	X
Distemper Vaccine	X	X	X
Dewormer	X	X	X
Rabies 1 Year Vaccine	X	X	
Leukemia Vaccine	X		
<b>Add FeLV/FIV Test</b>	<b>\$25</b>	<b>\$25</b>	<b>\$25</b>

CANINE PACKAGES			
	Deluxe \$70	Standard \$45	Puppy \$25
Check one:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exam	X	X	X
Distemper Vaccine	X	X	X
Dewormer	X	X	X
Rabies 1 Year Vaccine	X	X	
Bordetella Vaccine	X		
Heartworm Test	X		

**A \$10 unaltered fee will be added to your bill for ALL unaltered animals over 4 months of age. This fee is refundable at the time of surgery. Schedule your spay/neuter appointment today!**

I, acting as owner or agent of the pet above, hereby request and authorize Jazzy Paw, Inc., through whomever veterinarians they may designate, to perform vaccinations, testing, and treatment as indicated above of the animal named on the above portion of this form. I hereby release Jazzy Paw, Inc. and all of its veterinarians, assistants/technicians, officers, directors, employees, and volunteers from any and all claims arising out of or connected with the performance of these procedures or any adverse reactions from any vaccinations. I agree that I have not and will not claim any right of compensation from them, or any of them, or file action by reason of such procedures or vaccinations of such animal or any consequences related thereto.

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

CONTINUED ON BACK

Weight:

Temp:

Test Results:

Clinic Use ONLY:

Veterinary notes:

---

---

---

---

---

---

---

---

---

---

DVM: