Paws and Claws Pet Care, Inc.

Date: ___________________

Services Requested ***(Clinic Use Only)***:

OWNER/PET INFORMATION

Owner Last Name | Owner First Name | Address | City/St | Zip

Home Phone # | Cell phone # | Work Phone # | Email address

Pet's name | Species (K9 Feline) | Breed | Color/Markings | Age/DOB | Microchip # (if any)

❑ Altered ❑ Male ❑ Female **Previous vaccine reactions?* Y/N/Don't know *Coughing?* Y/N *Sneezing?* Y/N *Vomiting?* Y/N

MUZZLE-TO-TAIL EXAM

TEMP________F WT_________LB BCS________ APP _____

HW Test ❑ + ❑ - ❑ N/A
PV Test ❑ + ❑ - ❑ N/A
Fecal Test ❑ + ❑ - ❑ N/A
Felv/FIV Test ❑ + ❑ - ❑ N/A
Ears ❑ N ❑ AB
Eyes ❑ N ❑ AB
Nose ❑ N ❑ AB
Throat ❑ N ❑ AB
Teeth ❑ N ❑ AB
MM ❑ N ❑ AB
H & L ❑ N ❑ AB
M/S ❑ N ❑ AB
U/G ❑ N ❑ AB
Skin ❑ N ❑ AB
LN ❑ N ❑ AB
GI ❑ N ❑ AB
Diet ____________________

Physical Exam Notes/Medical History/any known allergy or reaction to vaccines:

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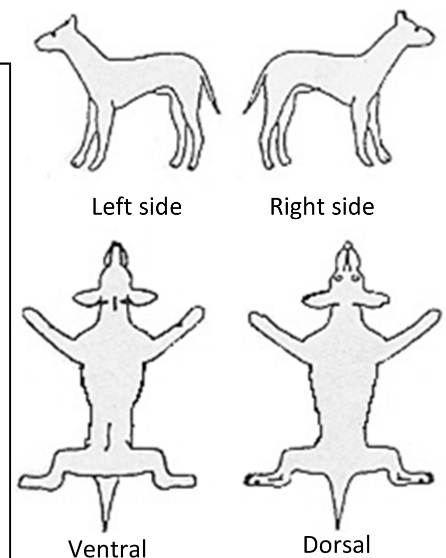
__________________***Veterinarian/staff Initials*** ____________



SERVICE/TREATMENT GIVEN TODAY

DOG-ON-THE-LEASH

❑ 7 IN 1 SQ R Shoulder ❑ Rattlesnake
❑ 6 IN 1 SQ R Shoulder
❑ 5 IN 1 SQ R Shoulder
❑ Rabies SQ hind leg
❑ Bordetella
❑ Other______________________________

CAT-IN-THE-BOX

❑ FRVCP
❑ Rabies
❑ Feline Leukemia
❑ Other__________________________

OTHER

Microchip ❑ Home Again ❑ AVID ❑Other___________
Microchip # ____________________________________
❑ Deworming ____________________
❑ Flea/Tick Treatment ❑ Heartworm Test Pos Neg

_______________________ *Janet Troxel, D.V.M.* _______________________
Veterinarian's Signature | Print Name | Date