



WELLNESS CLINIC SERVICES

First Name: _____ Last Name: _____ Pet Name: _____

Requested Cat Services

- | | |
|---|--|
| <input type="checkbox"/> Rabies Vaccine - \$20 | <input type="checkbox"/> Apply Soft Paws (front only, includes nail trim) - \$40 |
| <input type="checkbox"/> Distemper / Herpes / Calicivirus Vaccine - \$20 | <input type="checkbox"/> Check for Ear Mites - \$20 |
| <input type="checkbox"/> Leukemia Vaccine (10 wks of age and older) - \$25 | <input type="checkbox"/> Ear Clean - \$20 |
| <input type="checkbox"/> FeLV / FIV Testing - \$40 | <input type="checkbox"/> Treatment for Tapeworms - \$25 |
| <input type="checkbox"/> Screen for Intestinal Parasites - \$30 | <input type="checkbox"/> Revolution Application - \$25 |
| <input type="checkbox"/> Microchip Implantation - \$50 | |
| <input type="checkbox"/> Nail Trim - \$20 | |
| <input type="checkbox"/> 3-Pack Revolution (monthly prevention for fleas, heartworms, ear mites, roundworms, and hookworms) | |

Requested Dog Services

- | | |
|--|--|
| <input type="checkbox"/> Rabies Vaccine - \$20 | <input type="checkbox"/> Nail Trim - \$20 |
| <input type="checkbox"/> Distemper and Parvovirus Vaccine - \$20 | <input type="checkbox"/> Ear Clean - \$20 |
| <input type="checkbox"/> Kennel Cough (Bordetella) Vaccine - \$20 | <input type="checkbox"/> Anal Gland Expression - \$25 |
| <input type="checkbox"/> Heartworm testing (6 months and older) - \$25 | <input type="checkbox"/> Monthly Flea & Tick Prevention |
| <input type="checkbox"/> Screen for Intestinal Parasites - \$30 | <input type="checkbox"/> Worming for Roundworms & Hookworms - \$15 |
| <input type="checkbox"/> Microchip Implantation - \$50 | |
| <input type="checkbox"/> Monthly Prevention for Heartworm, Roundworms, Hookworms | |

I'm acting as the owner / agent of the pet named above and hereby authorizes Pets In Stitches to perform these services.

Client Signature

Date



In House Use

Birth Date: _____ weeks / months / years

Sex: Male Female Spayed / Neutered

Weight: _____

Temp: _____

Heart Rate: _____

Flea Comb: _____

Abnormalities: _____
