

All Paws Animal Wellness Clinic, LLC
1098 Principio Furnace Road
Perryville, MD 21903
(410) 642-6396

Client's Name: _____
Phone Number where you can be reached today: _____
Pet's Name: _____ **Breed and Sex:** _____ **Age:** _____
Is this animal (Circle One) Owned/Rescue/Feral?
Does this animal stay (Circle One) Inside/Outside/Both?
Email Address: _____

Vaccination Request (Check ALL that apply) Date of Previous Vaccine/Type of Vaccine

- | | | | |
|---|---------|-------|--|
| <input type="checkbox"/> Rabies | \$15.00 | _____ | Yearly, 3-Year |
| <input type="checkbox"/> DA2PPv (Distemper) | \$22.00 | _____ | 1 st , 2 nd , 3 rd , Yearly |
| <input type="checkbox"/> Bordetella | \$22.00 | _____ | Yearly |
| <input type="checkbox"/> CIV (Influenza) | \$25.00 | _____ | 1 st , 2 nd |

*** I understand that without prior proof of vaccination the rabies vaccine administered today will be valid for only one year. With proof of vaccination, the rabies administered today will be valid for three years.**

*** I understand that there is the potential for adverse vaccine reactions, including difficulty breathing, inability to get up, facial swelling, vomiting, and anaphylaxis which may lead to death. Should any of the reactions occur, I assume the responsibility to transport my animal to an emergency hospital for appropriate treatment.**

De-Worming

- I request that my animal be dewormed with oral Pyrantal Pamoate to prophylactically eradicate roundworms. \$10.00 per dose
- I request that my animal be dewormed with oral Drontal prophylactically to eradicate roundworms, hookworms and tapeworms. Starting at \$20.00 per tablet

Flea Treatment

- I request to have my dog treated for fleas with topical Activyl, Bravecto or Comfortis or Starting at \$30.00.

Testing

- Pre-Anesthetic Blood Work \$165.00
- Canine Heartworm Test \$55.00
- Pre-Anesthetic Urinalysis \$55.00

Micro Chipping

- I request that my animal be micro-chipped. This will assist in his/her return should we become separated. \$55.00

Nail Trimming

- I request that my animal's nails be trimmed. \$10.00

Examination

- Wellness \$45.00
- Sick \$45.00

**All Paws Animal Wellness, LLP
Dr. Mindy Carletti, DVM
1098 Principio Furnace Road
Perryville, MD 21903
(410) 642-6396**

Vaccination Application

Owner Information

Owner's Name: _____

Address: _____

Phone Number: _____

Animal Information

Pet's Name: _____

Breed: _____ **Color:** _____

Please CIRCLE Below

- ◆ **Species:** Dog or Cat
- ◆ **Sex:** Male or Female
- ◆ **Neutered/Spayed:** Yes or No
- ◆ **Age:** 3-12 Months or Over 12 Months
- ◆ **Size:** Under 20lbs or 20-50lbs or Over 50lbs

I authorize and request that my pet (described above) receive a rabies vaccine (or any other vaccination) and agree to the associated fee. I certify that the above listed pet is over 12 weeks of age, healthy, not pregnant, has not had an allergic reaction to vaccines in the past and has not bitten or scratched anyone in the last 10 days. I understand that there is the potential for adverse reactions to any vaccine administered and that Dr. Carletti and the clinic sponsor are in no way responsible for any such reactions. Should any reactions occur such as lethargy, fever, trouble breathing, anorexia, hives, swollen face or malignant cancer (Vaccine Associated Sarcoma) in cats, I will consult my regular veterinarian **IMMEDIATELY** and seek medical attention. I further understand that vaccination of my pet in no way implies that this animal is healthy nor that a complete physical exam was performed.

Owner's Signature: _____ **Date:** _____