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

		s Name (Please	*								
Phone Number where you can be reached in case of emergency:											
			Breed a								
			ned/Outdoor Stray/Ind	oor/Outdoor? (Cir	cle One)						
Er	nail A	Address:									
Va	accina	ation Request (Cl	heck ALL that apply)	Date of Vaccine	/Type of Vaccine Received						
	Rabi		\$15.00	2000 01 1 0001110	(Circle One) Yearly, 3-Year						
		RCP (Distemper)	\$22.00		(Circle One) 1 st ,2 nd , 3 rd , Yearly						
		V (Leukemia)	\$22.00		(Circle One) 1 st , 2 nd , Yearly						
on * I up	e year I unde , facia	: With prior proo rstand that there i Il swelling, vomitin	f of vaccination, the rabic s the potential for advers	es administered today e vaccine reactions, i may lead to death. S	e administered today will be valid for only will be valid for three years. ncluding difficulty breathing, inability to get Should any of these reactions occur, I assume ppropriate treatment.						
De	e-Wo	rming									
	I req	rophylactically eradicate roundworms. \$10.00 cally eradicate tapeworms (NOT FERAL									
			easured by weight. \$20.00								
Fl	ea Tr	<u>reatment</u>									
			treated for fleas with topic	cal Activl, Cheristin or	Comfortis. \$30.00						
T	esting	T									
<u></u>)/FIV(Feline Immunodefic	viency Virus) \$55.00							
		FELV(Feline Leukemia)/FIV(Feline Immunodeficiency Virus) \$55.00 If my cat tests positive for FELV, I request and authorize All Paws Animal Wellness Clinic, LLP to humanely euthanize									
		him/her.									
	If my cat tests positive for FELV, I request and authorize All Paws Animal Wellness Clinic, LLP to perform the requested sterilization procedure with the understanding that my animal is at greater anesthetic risk. I also consent to										
					ent the spread of the disease. Wellness Clinic, LLP to humanely euthanize						
	him/		for FIV, I request and author	onze Ali Paws Aliilla	weiliess Clinic, LLP to numanery euthanize						
			for FIV. I request and author	orize All Paws Animal	Wellness Clinic, LLP to perform the requested						
	sterilization procedure with the understanding that my animal is at greater anesthetic risk. I also consent to keep this										
	animal House indoors and Isolated from other cats to prevent the spread of the disease.										
Μ	licro-	Chipping									
			l be micro-chipped. This v	vill assist in his/her sa	fe return should we become separated. \$55.00						
N	ail Tı	rimming									
			l's nails be trimmed.	During Surgery \$5.00	Walk-In \$10.00						
E	xamiı	nation_									
		Wellness Exam	\$45.00								
		Sick Exam	\$45.00								

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Vaccination Application

Owner Information Owner's Name: Address:											
Phone	e Number:										
	al Information Name:										
Breed	l :			Color:							
Please	e CIRCLE Below										
•	Species:	Dog	or	Cat							
*	Sex:	Male	or	Female							
♦	Neutered/Spayed:	Yes	or	No							
♦	Age:	3-12 Months	or	Over 12 Mo	onths						
•	Size:	Under 20lbs	or	20-50lbs	or	Over 50lbs					
other over 1 in the there i Carlet any re face of veterin vaccin	vaccination) and agree 2 weeks of age, health past and has not bitter as the potential for adveti and the clinic sponse actions occur such as a malignant cancer (Vanarian IMMEDIATE) action of my pet in no cal exam was performed.	ee to the associany, not pregnant or scratched are erse reactions to or are in no way lethargy, fever, accine Associate LY and seek me way implies that	ted fe , has n nyone o any respective troubled Sar edical	e. I certify that not had an aller in the last 10 divaccine adminionsible for any le breathing, arreoma) in cats, attention. I furnished	t the about the	we listed pet is tion to vaccines nderstand that hat Dr. actions. Should nives, swollen onsult my regular derstand that					
Owne	er's Signature:				Date	:					