

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

Client's Name (Please Print): _____
Phone Number where you can be reached in case of emergency: _____
Pet's Name: _____ **Breed and Sex:** _____ **Age:** _____
Is this animal Feral/Owned/Outdoor Stray/Indoor/Outdoor? (Circle One)
Email Address: _____

Vaccination Request (Check ALL that apply)	Date of Vaccine/Type of Vaccine Received
<input type="checkbox"/> Rabies \$15.00	_____ (Circle One) Yearly, 3-Year
<input type="checkbox"/> FVRCP (Distemper) \$22.00	_____ (Circle One) 1 st , 2 nd , 3 rd , Yearly
<input type="checkbox"/> FELV (Leukemia) \$22.00	_____ (Circle One) 1 st , 2 nd , Yearly

*** I understand that without prior proof of vaccination that rabies vaccine administered today will be valid for only one year. With prior 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 these reactions occur, I assume the responsibility to transport my animal to an emergency hospital for appropriate treatment.**

De-Worming

- I request to have my animal de-wormed with oral Pyrantal Pamoate to prophylactically eradicate roundworms. \$10.00
- I request to have my animal de-wormed with oral Drontal to prophylactically eradicate tapeworms (NOT FERAL CATS). Dosages are measured by weight. \$20.00 Per Dose.

Flea Treatment

- I request to have my cat treated for fleas with topical Activl, Cheristin or Comfortis. \$30.00

Testing

- 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 keep this animal **Housed indoors and Isolated from other cats** to prevent the spread of the disease.
- If my cat tests positive for FIV, I request and authorize All Paws Animal Wellness Clinic, LLP to humanely euthanize him/her.
- If my cat tests positive for FIV, 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 keep this animal **House indoors and Isolated from other cats** to prevent the spread of the disease.

Micro-Chipping

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

Nail Trimming

- I request that my animal's nails be trimmed. During Surgery \$5.00 Walk-In \$10.00

Examination

- Wellness Exam \$45.00
- Sick Exam \$45.00

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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:** _____