

**CHECK IN SHEET**

**CLIENT ID** \_\_\_\_\_

Fill out one sheet for each animal. After first animal, only need to fill out first & last name.

OWNER \_\_\_\_\_ DATE/LOCATION \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ COUNTY \_\_\_\_\_

PHONE #1 \_\_\_\_\_ PHONE #2 \_\_\_\_\_

Email \_\_\_\_\_

PET NAME \_\_\_\_\_ SPECIES \_\_\_\_\_ AGE \_\_\_\_\_

BREED \_\_\_\_\_ SEX \_\_\_\_\_ SPAYED/NEUTERED? \_\_\_\_\_ COLOR \_\_\_\_\_

MEDICAL CONDITIONS \_\_\_\_\_

\*\*\*\*\*STAFF USE ONLY BELOW LINE\*\*\*\*\*

**WEIGHT** (WE WILL WEIGH THEM INSIDE- \*\*\*\*DO NOT FILL OUT!!!)

VACCINATIONS: DA2PP DHLPP BORDETELLA FLU FVRCP FVRCP+FELV EWFRT+WNV RAB PBP

RAB 1 RAB3 RAB EQ PUP<12WK PUP>12WK KIT<12WK W/LEUK KIT>12WK NO LEUK

IN CAT OUT CAT IN DOG OUT DOG MICROCHIP

EXAMS: HEALTH EXAM REASON FOR EXAM: \_\_\_\_\_

FLEA MEDICATION: CAT<9LB CAT>9LB DOG 5-10LB DOG 11-20LB DOG 21-55LB DOG 56-95LB  
DOG >95LB CAPSTAR SERESTO COLLAR SIMPARICA

HEARTWORM PREVENTION: HWP: 0-25LB 26-50LB 51-100LB

COMPLETE PARASITE PROTECTION

LABWORK: HEARTWORM TEST FELV/FIV TEST FECAL WITH GIARDIA COGGINS  
PRE-OP(DOG AND CAT) COMP DOG OR CAT

OTHER \_\_\_\_\_

PARASITE CONTROL: TAPEWORM INJ EAR MITE INJ PPO \_\_\_\_\_ CC PANACUR \_\_\_\_\_ CC

**TOTAL DUE \$ \_\_\_\_\_ PAID \$ \_\_\_\_\_ CC \_\_\_\_\_ CASH \_\_\_\_\_ ONLINE \_\_\_\_\_**