



Kitten Information

Name: _____ Birth date/approximate age: _____

Sex: Female Male Spayed/neutered? No Yes, at age: _____

Breed: _____ Color: _____

Vaccinations: (date/type): _____

Has your pet had any adverse reactions to vaccines? If so, please describe: _____

Diet: _____

Allergies: _____

Current medications and dosage: _____

Primary reason for visit: _____

Current health or behavioral concerns: _____

New Kitten Package \$249*—You save 20% on all services listed when packaged together!

Includes:

Date of Service/Treatment

Initial Exam: 45 Minutes! Ask all your questions!

Two send-out fecal tests _____ & _____

Two Panleukopenia Vaccines _____ & _____

Free nail trim!

Add-on for cats going outdoors \$51: Two Leukemia Vaccines (FeLV) _____ & _____

Optional: Microchip \$36

*All services must be used within 18 months of purchase

Authorization

I hereby authorize the veterinarian to examine, prescribe for, and treat the animal described above. I certify that this is, indeed, my animal, or that I have been authorized by its rightful guardian to seek medical services. I assume all financial responsibility for services provided and charges incurred in the care of this animal. I understand that all charges are to be paid at the time services are rendered unless a prior arrangement has been established.

Guardian or Responsible Party Date

Holistic Pet Vet Clinic Witness Date