



# Holistic Pet Vet Clinic

Quality Integrative Medicine with an Emphasis on Naturopathic Care

## Puppy 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: \_\_\_\_\_

Current health or behavioral concerns: \_\_\_\_\_

### New Puppy Package \$299\*—Save 20% on all services listed when bundled together!

#### Includes:

#### Date of Service/Treatment

Initial Exam: **45 Minutes!** Ask all your questions!

Two send-out fecal tests

\_\_\_\_\_ & \_\_\_\_\_

One Parvo Vaccine

\_\_\_\_\_

One Distemper Vaccine

\_\_\_\_\_

In-house titer test

\_\_\_\_\_

Free nail trim!

\_\_\_\_\_

**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