



Holistic Pet Vet Clinic LLC

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 \$420*—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 at 12 weeks

One Parvo/Distemper Vaccine at 14 weeks

In-house titer test at 16 weeks

Nail trim

Optional Microchip: \$39

(Discounted from \$49)

*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.

Guardian or Responsible Party

Date

Holistic Pet Vet Clinic LLC Witness

Date