

Operation:SNIP WellCare Clinic Form

Is your pet already spayed/neutered? <input type="checkbox"/> Yes <input type="checkbox"/> No	How long have you owned your pet? _____
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Pet's Name	<input type="checkbox"/> Dog <input type="checkbox"/> Cat	<input type="checkbox"/> Male <input type="checkbox"/> Female	Age	Weight [vet staff use]
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Owner's Last Name	Owner's First Name	Cell Phone	Emergency Contact
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Owner's Street Address	City	State	Zip Code	Email Address
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Pet's Breed (cats if breed unknown Domestic Short Hair or Domestic Long Hair)	Pet's Color
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Feline Vaccines & Services

- Rabies Vaccine 1 yr or 3 yr \$15
- Pinellas County License -1 yr \$20
- Pinellas County License -3 yr \$40
- Feline Distemper Vaccine \$15
- Feline Distemper Vaccine 3 yr \$20
- Feline Leukemia Vaccine \$15
- FeLV/FIV Combo Test \$25
- Microchip with registration \$20
- Hook/roundworm treatment \$10
- Tapeworm treatment \$15
- Ear cleaning \$10
- Ear mite treatment \$32
- Nail Trim \$7
- Fecal \$10

Canine Vaccines & Services

- Rabies Vaccine 1 yr or 3 yr \$15
- Pinellas County License-1 yr \$20
- Pinellas County License-3 yr \$40
- Canine Distemper/Parvo Vaccine \$15
- Canine Distemper/Parvo Vaccine 3 yr \$20
- Bordetella (Kennel Cough vaccine) \$15
- Canine Influenza \$20
- Leptospirosis \$20
- Heartworm Test \$20
- Microchip with registration \$20
- Hook/roundworm treatment \$10
- Tapeworm treatment \$15 +
- Nail Trim \$10
- Fecal \$10

Heartworm/Flea Preventative

- | Canine | Supply |
|------------------------------------|-----------|
| <input type="checkbox"/> Trifexis | 1m/6m/12m |
| <input type="checkbox"/> Heartgard | 1m/6m/12m |
| <input type="checkbox"/> Nexgard | 1m/6m/12m |
| <input type="checkbox"/> Bravecto | 3m/6m/12m |
-
- | Feline | Supply |
|-------------------------------------|-----------|
| <input type="checkbox"/> Cheristin | 1m/6m/12m |
| <input type="checkbox"/> Revolution | 1m/6m/12m |
| <input type="checkbox"/> Bravecto | 3m/6m/12m |
- Email
- Next Appt Date _____
- Time _____

There is a \$20 exam fee to see the Veterinarian. This fee will be waived if your pet is already spayed/neutered. If your pet is not spayed/neutered the \$20 can be used towards a future spay/neuter when scheduled within 4 months from this appointment.

Operation:SNIP Inc. uses qualified staffing & approved materials for all procedures performed. Carefully read and ensure you understand, the following before signing your name: I, acting as owner or agent of the pet named above, hereby request and authorize Operation:SNIP Inc, through whomever veterinarians they may designate to perform an examination. Operation:SNIP will perform services requested by owner/agent that may include vaccinations, heartworm tests, FeLV/FIV tests, microchips, fecal test, deworming, ear mite check and nail trim.

I understand that it is possible that my pet could experience some or all of the following mild side effects usually starting within hours of vaccination and typically lasting no longer than a few days. If these side effects last for more than a few days, contact your veterinarian:

Mild Fever, Diminished appetite and activity, Sneezing or other respiratory signs (following an intranasal vaccine), Discomfort and local swelling at the vaccine site (a small, firm swelling under the skin may develop at the site of a recent vaccination and should disappear in a couple weeks. If it persists for more than three months or grows in size, contact your veterinarian)

More serious but rare side effects, such as severe allergic reactions, may occur within minutes to hours after vaccination. Signs including vomiting, diarrhea, itchy skin, difficulty breathing, and collapse. These allergic reactions can be life-threatening and are medical emergencies. Contact your veterinarian immediately, or an after-hours veterinarian emergency clinic, as your pet may require medical treatment. I am aware that I am responsible for expenses related to management of vaccine side effects.

I hereby release Operation:SNIP Inc, which includes Directors, Veterinarians, Certified Veterinarian Technicians, Veterinarian Technician Assistants, Volunteers, and all employees from any and all claims arising out of, or connected with, the performance of this procedure or any adverse reactions from vaccinations.

By signing you acknowledge you have read and understand this form.

SIGNATURE

DATE

Vet Staff Use

Physical Exam: BCS _____ T _____ P _____ R _____ CRT _____

EENT NSF AB **RESP** NSF AB **DERM** NSF AB **ORAL** NSF AB **NEURO** NSF AB
PLN NSF AB **M/S** NSF AB **ABD** NSF AB **C/V** NSF AB **REPRO** NSF AB
