

Admittance for Annual Exam and Vaccines

Patient/Client Name

Phone Number

Date

Problems: _____

<u>Item</u>	<u>Price</u>	<u>Total:</u>
Exam	53.00	_____
CANINE		
Bordetella (1yr)	25.00	_____
Dewormer	9.00 +	_____
Distemper/Parvo	20.00	_____
Distemper/Parvo with Leptospirosis	21.00	_____
Heartworm/Ehrlichia/Lyme/Anaplasma	43.00	_____
Intestinal Parasite Exam (Fecal)	21.50	_____
Leptospirosis Booster	16.00	_____
Rabies, 1yr	20.00	_____
Rabies, 3yr,	24.00	_____
FELINE		
Feline Distemper	19.00	_____
Feline Leukemia (>9wks)	30.00	_____
Feline Leukemia/FIV/HTW combo test	46.00	_____
Feline Dewormer	9.00 +	_____
Purevax Rabies (>16wks)	26.50	_____
Purevax Rabies, 3 yr	82.50	_____
Nail Trim	14.00+ (complimentary w/ bath)	_____
Bath	22.50-41.00	_____
Anal Sac Expression	15.50-20.00	_____
Professional Care Fee Canine I	9.00	_____
Professional Care Fee Canine II	14.00	_____
Professional Care Fee Feline I	6.00	_____
Professional Care Fee Feline II	11.00	_____
Canine Mini-Wellness Profile (a \$250.00 value)	154.50	_____
Comprehensive Profile		
CBC (Complete Blood Count)		
Heartworm Test		
Blood Glucose		
Feline Mini-Wellness Profile (a \$329.50 value)	154.50	_____
Comprehensive Profile		
CBC (Complete Blood Count)		
Blood Glucose		
Feline Leukemia/FIV/HTW combo test		

Total Charges: _____

I understand that the above amount is as close an *approximation* as is possible at this time, and that the price may not include all charges that may result from an examination. I agree to pay the full amount upon picking up my pet.

Employee Initials _____

Owner/Agent Signature _____