



# WELCOME TO SPAY ILLINOIS

Today's Date: \_\_\_\_\_

We look forward to assisting you in caring for your pet. In order to provide the very best care, please complete the sections below. Our reception staff is here to assist you, should you have any questions.

*\* Please note that this is a wellness clinic for healthy pets. We are unable to care for sick or injured animals.*

## Owner's Information

<b>Name:</b>			
Street Address:	City:	State:	Zip:
County:	Phone:		
Email Address:	Join our mailing list?	Y	N

How did you learn about our clinic? **Google** **Website** **Friend** **Other:** \_\_\_\_\_

### ***Some of the most common vaccines and services we offer include***

- Rabies Vaccination** available as 1 and 3 year vaccine and satisfies Illinois state law. (County rabies tags available at additional cost)
- DHPP Distemper** available as 1 and 3 year vaccine that prevents canine distemper, adenovirus type 2, parainfluenza, and canine parvovirus.
- Leptospirosis** available as a 1 year vaccine to prevent infection from Leptospira bacteria common in wooded and wet climates.
- Bordetella** a 1 year vaccine preventing the bacterial infection known as Canine Kennel Cough. Required by many grooming and boarding facilities.
- Fecal Testing** is a diagnostic test of a fecal sample to search for intestinal parasites.
- Lyme Vaccination** available as 1 year vaccine for the prevention of Lyme disease transmitted by ticks.
- Heartworm Testing and Prevention** to prevent the dangerous disease transmitted by infected mosquitoes.
- FVRCP** available as 1 and 3 year vaccine to prevent feline viral rhinotracheitis, calicivirus, and panleukopenia.
- FeLV/FIV Test** is a blood test to reveal the feline leukemia and/or feline immunodeficiency virus.
- Feline Leukemia Vaccine** available as a 2 year vaccine to prevent Feline Leukemia.

## Pet's Information

<b>Name:</b>				Dog <input type="checkbox"/>	Cat <input type="checkbox"/>
Weight:	Age:	Breed:	Color:		
Male <input type="checkbox"/>	Neutered/Fixed <input type="checkbox"/>	Female <input type="checkbox"/>	Spayed/Fixed <input type="checkbox"/>		

Health Concerns and/or Current Medications: \_\_\_\_\_

### **Authorization**

I hereby authorize SPAY ILLINOIS and its' employees to examine, prescribe for, and/or treat the pet described above. I assume responsibility for all charges incurred in the care of this animal. I also understand that these charges will be paid for upon release of the pet.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Payment Method:* Cash  Credit  Debit  Please note that **PERSONAL CHECKS ARE NOT ACCEPTED.**

**Yes, I would like to donate to SPAY ILLINOIS today \$** \_\_\_\_\_

"Our mission is to end pet homelessness by empowering pet owners and shelters with the resources that they need to be successful."