



# Holistic Pet Vet Clinic

Quality Integrative Medicine with an Emphasis on Naturopathic Care

## Kitten 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: \_\_\_\_\_

Primary reason for visit: \_\_\_\_\_

### New Kitten Package \$266—Save 20% on all services listed when bundled together!

#### Includes:

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

Two send-out fecal tests

Two rounds of de-wormer

Two Panleukopenia Vaccines

Free nail trim!

#### Date of Service/Treatment

\_\_\_\_\_

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

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

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

\_\_\_\_\_

**Add-on for cats going outdoors \$51:** Two Leukemia Vaccines (FeLV) \_\_\_\_\_ & \_\_\_\_\_

**Add an optional Microchip for \$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