

VETERINARY SERVICES AUTHORIZATION



Please complete this form to authorize your pet to receive veterinary services by Fur Friends Mobile Veterinary Care, LLC

Fur Friends Mobile Vet has partnered with Pender Pet Retreat to provide high quality preventive veterinary services exclusively to the boarding and daycare guests in an effort to maintain the health and wellness of all pets in the facility. At the completion of any services, Fur Friends will forward your pet's medical summary to your regular veterinarian for their records and any necessary follow-up care.

Any pet receiving vaccines will be required to receive a Vaccine Fitness Exam and a \$45 charge will apply. A full physical examination is strongly recommended if your pet is geriatric (7+ years old), has not had a full exam within the last year, or has any significant medical conditions.

Owner's Name : Pet's Name :

Breed : Age : Dog ☐ Cat ☐ Male ☐ Female ☐ Spayed / Neutered ☐

E-Mail : Phone :

Home Address :

Regular Vet : E-mail/Phone :

Please initial the services you authorize and request your pet receive.

Required for boarding and daycare at Pender Pet Retreat

- | | | |
|--|---|---|
| <input type="checkbox"/> *Fecal Parasite Test \$70 | <input type="checkbox"/> *Canine Rabies Vaccine \$36 | <input type="checkbox"/> *Feline Rabies Vaccine \$50 |
| <input type="checkbox"/> Microchip \$45 | <input type="checkbox"/> *Canine Distemper Vaccine \$36 | <input type="checkbox"/> *Feline Distemper Vaccine \$36 |
| <input type="checkbox"/> Ear Cleaning \$30 | <input type="checkbox"/> *Bordetella Vaccine \$36 | <input type="checkbox"/> Frontline Single Dose \$35 |
| <input type="checkbox"/> FIV/FelV Test \$70 | <input type="checkbox"/> *Canine Influenza Vaccine \$66 | <input type="checkbox"/> Drontal Treatment \$40 - \$80*
*based on weight |
| <input type="checkbox"/> Heartworm & Lyme Test \$60 | <input type="checkbox"/> Leptospirosis Vaccine \$36 | <input type="checkbox"/> Giardia Antigen Test \$70 |
| <input type="checkbox"/> Comprehensive Exam \$80 Reason for exam: <input type="text"/> | | |

Will this be the first time your pet is receiving any requested vaccine? If so, please explain.

Does your pet have a history of vaccine reaction? ☐ yes ☐ no ☐ unknown

Please list any significant medical history or conditions that we should be aware of.

Please indicate how you would like to be informed of abnormal exam or diagnostic results.

☐ Call me ☐ E-mail me ☐ Text me ☐ Other

Thank you for entrusting us with your pet's care! You will receive an e-mailed invoice from us for the requested services. Payment is required upon receipt and prior to pick-up of your pet.

By signing below, I understand that payment is due in full prior to departure and I agree to accept financial responsibility for all services requested and provided. In the event this account is referred to an attorney for collection, whether or not suit is brought, I agree to pay all costs of collection, including Fur Friend's Mobile Veterinary Care LLC's reasonable attorney's fees.

Signature Of Owner or Agent

Date

info@FurFriendsMobileVet.com
www.FurFriendsMobileVet.com

In-Office Use Only:

Pet's Name: Check-in date:

Run: Check-out date:

Owner requests / kennel notes:

Vet Staff Notes:

Weight: lbs. Temp: °F HR: bpm. RR: bpm.