Westside Location 5425 Verna Blvd. Jacksonville, FL 32205 (904) 337-0076 petshotsjax.west@gmail.com



Beach Location 335 11th Avenue North Jacksonville Beach, FL 32250 (904) 694-0541 petshotsjax.beach@gmail.com

wycommunitypetomno.com/mobile (504) coc 5040

Mobile Clinic Form - Cat

Customer to complete this side of the page	<u>ONLY</u>	•	Today's Date:	_
Owner's Name:	Pet's Na	me:		
Pet Age: Breed:	Color:	M:	Neutered Y: N:	
Address:				
Phone:	Email Address:			
How Did you Hear About Us (please be sp	ecific)			
Pet Health Information Adverse Reactions to Medications/Vaccin	es: Yes: No: Explain:			
Current Medications Including Heartworm	Preventative:			
Date Last Vaccinated: F	roblems or Issues:			
Is your pet experiencing, or has experience	ed recently any of the following (inc	dicate date): Seizures:	Diarrhea:	
Weight Loss/Gain: Vomiting	: Other:			
☐ Annual Package - includes exam, Rabio	m, FVRCP #1, & wormer Package am, FVRCP #2, FeLV #1 & wormer am, Rabies, FVRCP #3, FeLV #2 & worker Package and feline leukemia test Add on Fes, FVRCP, FeLV, wormer Package and feline leukemia test Add on Fes, FVRCP, FeLV, wormer Package and feline leukemia test Add on Fest Package and feline leukemia test Add on Fest Package and feline leukemia test Add on Fest Package are idiosyncratic set in petite. Vomiting and/or diarrhea. An injection site, vomiting and/or lackage idiosyncratic and cannot be presented in the proof container. I am responsibility of my pet. By signing below, I	\$42 Package \$77 Former Package \$95 \$60 Price \$30 Price \$	s a physical examination, it . I understand that vaccine reactions site for death the Veterinarian or the clinic responsi they occur. terinarian and staff of the medical	s may
SignatureOwner's Name (print	legibly)			
This section to be completed by Staff ### This form serves as the customer's F Tag# Date Rabie				
Rabies: I year 3 year Dr. Alicia Gutierrez, DVM 10239	Dr. Jennifer Loc	kwood, DVM 12922		

Dr. Courtney Whiting, DVM 10458______ Dr. Lylita Trujillo, DVM 8218 _____

		Weight							
RESULT OF P	HYSICAL EXA	<u>MINATION</u>							
Ears N Cardio N	_A A	Eyes NA Skin/Integum	[ent NA	Dental N Respiratory	A N	Lim _A Abo	nbs N dominal	A N	 _A
\$55 3 Yea \$22 Rabie \$29 FVRO \$37 FeLV \$15 Broa \$28 Micro \$49 Felin Fe \$42 8 We \$77 12 W \$95 16 W \$95 16 W \$93 Annu \$30 PKG Test \$32 PKG ***Importan	d Spectrum Woochip e Combo Test LV neg / pos eek Kitten Pkg eek Kitten Pkg eek Kitten Pkg al Package ADD: Feline Co ADD: 3-year Ra t - Please notif	*** Note - Do Required by Includes Feli Feline Leuke rmer Hookworms Permanent I Includes exa Inc	& Roundworms D that reveals pet's Im, Aids test and fel pos Im, FVRCP #1, & wo Im, FVRCP #2, worn Im, FVRCP, Rabies, Im, FVRCP, wormer, Id to a package Id to a package with In a history of seizure	required by I lable from th Calici, Panlet unique ID nu ine Leukemia rmer ner, & FeLV # ner, FeLV #2, wormer FeLV, & Rab 1-yr Rabies s	Duval Ce tax culkopen mber vartest 1 & Rabi es	county *** collector's office for ia when scanned es			
One 3 Montl		Topical that kills fleas	s and ticks for up to 3 Month Doses: \$12						25 robato*
OHE S WICHT	1 D036. 904	I I WO	5 MONTH 20363. \$12	-0 pidoo 10	chate	I I Out 3 MOUTH	DU3C3. 3/	LUL <mark>V</mark> .	20 Tebate
		ical prevention for flea dworms. For kittens a age.	t least 8 weeks of	prescr	iption. s flea p	opical flea contro Starts killing flea rotection for an e ittens at least 8 w	s within 3 ntire mon	0 min th. Fo	utes and
Cat Weight	1 Month	6 Months	12 Months	Cat Weigh	t	<u> </u>	1 Mont		
2.8 to 5.5 lb		\$121 \$10 rebate	\$240 \$25 rebate	1.8 lbs and	d up		\$24		
5.6 to 11 lbs	\$22	\$137 \$10 rebate	\$270 \$25 rebate						

NOTE: It is policy of this clinic to charge a \$10 administrative fee for some additional services, including writing prescriptions

\$272 **\$25** rebate

Follow us on Facebook or visit our website for upcoming stops!



\$139 **\$10** rebate

11.1 to 22 lbs

\$23

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