

Pine Street Animal Clinic
Cat Treatment Plan-COVID-19

Today's Date: _____ Appt time: _____ Parking slot #: _____
Owner's Name: _____ Contact phone #: _____
Make/Model of vehicle: _____ Color of vehicle: _____
Pet's Name: _____ Breed: _____
Is your pet on Heartworm Prevention? _____ If yes, which product: _____
Is your pet on flea/tick prevention? _____ If yes, which product: _____
Typical diet _____

Please initial by the service(s) that you wish for your cat to receive:

CATS

_____ **Annual vaccine package**.....\$138-\$150

- **Complete physical exam**
- **FVRCP** (*Feline distemper vaccine*)
- **FeLV** (*Feline Leukemia vaccine*)
- **Deworming**
- _____ **Rabies (1yr)**
_____ **Rabies (3yr)** must have proof of 1 yr Rabies first

_____ **Advantage Multi** (6-pack)

_____ **Advantage Multi** (single dose)

Please list any other problems or concerns that you would like to address with the doctor.

Client Signature _____