



4320 East Boulevard
Deer Park, Texas 77536
Phone: 281-479-0405
Fax: 281-241-8916
Email@DeerParkVets.com

Outpatient Service Form

Owner: _____ Pet: _____

1) Reason for today's visit _____

2) If pet is injured, ill or needs examination in a specific area, please briefly list the symptoms you have noticed and their approximate duration: _____

3) If pet is in for vaccinations, please check one of the following:

CANINE

- Canine Annual: Physical exam, Fecal, Heartworm Test Rabies, DHLPP booster
- Canine Bordetella (Kennel Cough-**may be required**)
- Canine Influenza (**may be required**)

FELINE

- Feline Annual: Physical exam, Fecal, Rabies, FVRCP booster
- Feline FELV booster
- Feline FIP

Would you like your pet to have a microchip placed while here? YES NO

Would you like your pet to be bathed while here? YES NO

Bath includes nail trim, ear cleaning, shampoo, and coat conditioner.

**Please plan to pick up your pet after 4:30 PM (M-F) to allow drying time
Saturday pick-ups are bathed on Friday and should be picked up between 9AM and noon.**

In order to protect our patients from infectious diseases, we require that all animals entering the hospital show proof of current vaccinations through a licensed veterinarian for the following diseases:
CANINE: Rabies, DHLPP (Distemper, Hepatitis, Leptospirosis, Parvo, Parainfluenza), Bordetella, Influenza
FELINE: Rabies, FVRCP (Distemper, Panleukopenia, Rhinotracheitis, Calici)

I understand my pet will be vaccinated as required if not proven to be current

*****I assume financial responsibility for the services rendered and understand that full payment is due upon completion of services*****

I would like an estimate of fees: before services are rendered OR if charges will exceed _____

Phone # where you may be reached today: _____

Signature of owner or owner's agent: _____ Date: _____