A close up of a logo

Description generated with very high confidence Dr. Stephanie Smalls

Dr. Julianne Constantine

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[Lovingtouchclinic14@gmail.com](mailto:Lovingtouchclinic14@gmail.com)

www.lovingtouchclinic.com

Owner Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State\_\_\_\_\_\_

Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dog Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Age:\_\_\_\_\_\_ Breed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Male / Female\_\_\_\_\_\_\_Spayed/Neutered:\_\_\_\_\_\_\_\_\_\_\_\_\_ Past vaccine reactions: Yes / No

Problems/Concerns:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Medications:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fees (Circle vaccinations desired)

* Examination Optional $30
* Rabies Yes / No $10
* Distemper/Parvo Combo Yes / No $15
* Bordetella Kennel Cough Yes / No $30
* Lyme Disease Yes / No $25
* Leptospirosis Yes / No $15
* Canine Flu Bivalent (H3N8/H3N2) Yes / No $30
* Heartworm Test Yes / No $15
* Accuplex (Heartworm/Tick Test) Yes / No $30
* Fecal Examination Yes / No $15
* Routine Deworming Yes / No $10
* Microchip Yes / No $25

Total $ \_\_\_\_\_\_

\*\*Canine Influenza/Leptospirosis/Lyme vaccines need to be boostered in 3-4 weeks if the dog has never received them before. After the first series, it is boostered annually. Prices for specific vaccine clinic only! \*\*

**Debit/Credit card information:**

Name on card \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Card Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Exp. Date \_\_\_\_\_\_\_\_\_\_

3 Digit CVV code \_\_\_\_\_\_\_\_\_\_\_\_ Billing Zip \_\_\_\_\_\_\_\_\_\_\_\_ Total Charges $ \_\_\_\_\_\_\_\_\_\_\_\_

I verify I am the owner (or Authorized agent for the owner) of the above-named pet and authorize Dr. Smalls and/or Dr. Constantine to examine, vaccinate, and treat my pet if needed. I also authorize Loving Touch Animal Clinic PA to charge my credit/debit card for the total charge above.

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Please call the hospital at 302/861-6291 if you have any questions or concerns.
* We will mail/email you the vaccine certificate & exam form by end of business.
* A rabies tag will go home with your dog today if vaccinated for rabies.
* Reminder cards will be mailed and emails will be sent when the vaccines are due again.
* If you need heartworm (Heartgard Plus/Interceptor Plus) or flea/tick preventatives (Nexgard/Simparica), let us know and we can provide it.