



Associated Humane Societies – Mobile Wellness Form

Newark Branch/Mobile Unit
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OWNER INFORMATION

Owner's Name: _____ Date: _____
Address: _____ City: _____ State: _____ ZIP: _____
E-mail (optional) _____ Phone _____

PET INFORMATION

*****Please check off the appropriate boxes***One pet per form please*****

Pet's Name: _____ Species: DOG CAT Sex: MALE FEMALE
Age: _____ Breed: _____ Color(s): _____ Weight: _____

Is this pet currently on any medication? No Yes If so, which medication? _____

Does this pet have any chronic issues/health concerns? Describe. _____

Has this pet been vaccinated before? Unsure No Yes If so, when? _____

WELLNESS SERVICES

- | | |
|--|--|
| <input type="checkbox"/> Rabies (K9/Fel) | <input type="checkbox"/> K9 Heartworm Preventative – Heartgard Plus (6 mos/12 mos) |
| <input type="checkbox"/> Distemper (K9/Fel) | <input type="checkbox"/> K9 Heartworm Test; Results = _____ |
| <input type="checkbox"/> K9 Bordetella | <input type="checkbox"/> FeLV/FIV Combo Test; Results = _____ |
| <input type="checkbox"/> K9 Lyme | <input type="checkbox"/> Feline Leukemia Vaccine <input type="checkbox"/> Anal Gland Expression |
| <input type="checkbox"/> K9 Leptospirosis | <input type="checkbox"/> Pyrantel Pamoate (dewormer): _____ mL <input type="checkbox"/> Ear Cleaning |
| <input type="checkbox"/> K9 Influenza (Bivalent) | <input type="checkbox"/> Flea/Tick Preventative: _____ month(s) <input type="checkbox"/> Nail Trim |
| | <input type="checkbox"/> HomeAgain Microchip <input type="checkbox"/> Other: _____ |

I hereby authorize the veterinarian to examine, vaccinate, and prescribe medication to the above described pet. I assume responsibility for all charges incurred in the care of this animal. I also understand that these charges will be paid upon intake or at the time of service. I will not hold this organization or veterinarian responsible for any adverse reactions to medications/vaccines given.

Signature of Owner or Agent X _____ Date: _____

Method of Payment

- Cash
 Credit/Debit

Donation

- Cash
 Credit/Debit

Veterinarian Signature:

Bill Total: \$ _____ Donation Total: \$ _____

PLEASE COME BACK IN: _____