



PAWS Clinic & Adoption Center * 455 F. Edward Hebert Blvd, Belle Chasse, LA 70037 * 504-392-1601/PAWSLouisiana@gmail.com

CANINE ADMISSION FORM

PLEASE PRINT CLEARLY

OWNER'S FIRST NAME		OWNER'S LAST NAME		DATE	
PET'S NAME	PET'S AGE	BREED	COLOR	SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
ADDRESS		CITY	STATE	ZIP CODE	
PRIMARY PHONE	ALTERNATE PHONE	EMAIL ADDRESS			

THERE WILL BE AN ADDITIONAL \$15 FEE IF YOUR PET IS IN HEAT

PLEASE CHECK OFF SERVICES BELOW:

- SPAY/NEUTER UP TO 25 LBS ----- \$75
- SPAY/NEUTER 25-90 LBS ----- \$100
- SPAY/NEUTER 90 + LBS ----- \$125
- RABIES VACCINATION ----- \$20
- DHPP VACCINATION ----- \$15
- BORDETELLA VACCINATION----- \$10
- HW TEST ----- \$15
- MICROCHIP ----- \$20
- ANAL GLAND EXPRESS ----- \$10
- NAIL TRIM ----- \$10
- EAR CLEANING ----- \$10
- DONATION ----- \$ _____

As a 501(c)3 charity, tax laws require us to notify you that this letter is the official acknowledgment of your gift.

TOTAL \$ _____

FOR OFFICE USE ONLY:

TEMP _____	WEIGHT _____	SEDATION TIME _____
EXAM COMPLETED <input type="checkbox"/>	EXAM DECLINED <input type="checkbox"/>	

PHYSICAL EXAM	
WNL <input type="checkbox"/>	ABNORMAL <input type="checkbox"/>
BAR <input type="checkbox"/>	LETHARGIC <input type="checkbox"/>

RABIES TAG # _____	
MICROCHIP # _____	
VETERINARIAN _____	