



Jay Randall, DVM
Jo Randall DVM, DACT
815-797-2493

Pre-visit information-ONE form for EACH dog please!

Owner Name (First and Last): _____ Cell phone: _____
Address: _____
E-mail address: _____
Second name on account: _____ Relation: _____ Cell phone: _____

Name of dog: _____ Breed: _____ DOB: _____ Sex: Male
Color: _____ Microchip number: _____

Services requested: (Please check all that apply)

- Physical annual exam (mandatory if first time visit) (\$28) Mobile visit - (\$35)
- Litter: Number of puppies Microchip/pup (\$28)
- Physical exam + DHPP/puppy (\$18) Physical exam only/puppy (\$12)
- Rabies vaccination-1 year (\$20) Rabies vaccination-3 year (\$35)
- DHPP vaccination-1 year (\$20) DHPP vaccination-3 year (\$35)
- Lepto vaccination-Initial (\$30) Lepto vaccination-1 year (\$30)
- Lyme vaccination-Initial (\$35) Lyme vaccination-1 year (\$35)
- Bordetella (kennel cough) vaccine (\$30) Semen collect and evaluate (\$150)
- Fecal test- on site (\$20)
- Heartworm test (\$30) Heartworm, Lyme, Ehrlichia and Anaplasma (\$40)

****We also offer a LARGE choice of wellness blood panels and other testing but best to discuss in person which panel is BEST for your animal based on age, health conditions, etc.**

- Nail trim (\$9) Express anal glands (\$15) Microchip (AKC prepaid) (\$28)
- Heartguard Plus-box of 6 (0-25#)-\$36 (26-50#)-\$43 (51-100#)-\$50
- Nexgard-box of 6 (4-10#)-\$106 (10.1-24#)-\$107 (24.1-60#)-\$108 (60.1-121#)-\$109
- Other: _____

****It is very important that you bring prior vaccination record information or your reminder card from your veterinarian with you so we know specifically what your dog needs. We CANNOT administer 3-year vaccines without knowledge that a 1-year vaccine has already been given!!!**

**Also, please bring a fecal sample and/or urine sample with you if you are requesting lab work.

**We do not have a billing system, so would request payment (cash, check, or credit card) at time of service. You will get a printout of services done for each dog and you will have to send in your rabies certificate to your respective county for your tag.

Please download, complete and E-mail back at least 48 hours prior to your visit:

drjorandall@gmail.com As soon as we receive your information, we will contact you via E-mail regarding appointment times available. We look forward to meeting you and your dog(s). Thank you and have a great day!