



We anticipate a high volume of families seeking services during our Community Wellness Day, and unfortunately, we may not be able to accommodate everyone.

To be eligible, all pets must be fully vaccinated, receive at least one parasite prevention treatment, and be microchipped. If a pet is identified as having additional medical concerns, those issues will be deferred to a later date. Should you wish to have these concerns assessed and treated, our team will be happy to schedule a follow-up appointment.

All fees are due at the time services are provided. Please email application to nadia.buckley@nva.com

Owner Information:

First Name:	
Last Name:	
Phone Number:	
Home Address:	
Postal Code:	
Email:	

Pet A:	
Canine or Feline:	
Breed:	
Date of Birth/Age:	
Male or Female:	
Spayed or Neutered: Y/N	
Colour:	
Name:	
Last time at a Vet:	
Previous Health Records Available: Y/N Please provide clinic name	

Pet B:	
Canine or Feline:	
Breed:	
Date of Birth/Age:	
Male or Female:	
Spayed or Neutered: Y/N	
Colour:	
Name:	
Last time at a Vet:	
Previous Health Records Available: Y/N Please provide clinic name	



Please be aware that the following items are MANDATORY for all pets accepted for the Wellness Day Program.

Canine

Wellness Exam	\$0.00	Parasite Prevention	Cost Per Chew (Spectra)
Rabies	\$15.00	2-3.7 Kg	\$26.63
DA2P+CPV	\$15.00	3.8-7.5 Kg	\$26.99
Bordetella	\$15.00	7.6-15 Kg	\$30.80
Microchip	0.00	15.1- 30 Kg	\$34.20
Total:	\$45.00	30.1-60 Kg	\$35.01

Total Contribution = \$45 + Parasite Prevention + Tax

Feline

Wellness Exam	\$0.00	Parasite Prevention	Cost Per Treatment (Nexgard Combo)
Rabies	\$15.00	<2.5 Kg	\$18.54
FVRCP + Feline Leuk	\$25.00	2.5-7.4 Kg	\$23.45
Microchip	\$0.00		
Total:	\$40.00		

Total Contribution = \$40 + Parasite Prevention + Tax



In order to help us select and plan for as many pets as possible please assist us by answering the following questions:

- 1) Food?

- 2) If your pets have any, known or suspected allergies? If yes what are they?

- 3) Out of all the applicants, why should we select your family for our Community Wellness Day?

If you agree with the mandatory vaccines, microchipping, parasite prevention, and contribution costs stated above sign below.

Owner Name: _____

Signature: _____ Date: _____