



Puppy Development Veterinary Visit Form

PLEASE ATTACH ITEMIZED INVOICE; ONE FORM PER DOG

<p>Dog Information:</p> <p>Dog's Name: _____</p> <p>Tattoo: _____</p> <p>Breed: _____ Sex: M F</p>	<p>Puppy Raiser Name & Address:</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>Date of Visit: _____</p> <p>Vaccinations Given:</p> <p><input type="checkbox"/> DHPP</p> <p><input type="checkbox"/> Leptospirosis</p> <p><input type="checkbox"/> Bordetella: Oral Nasal Inj. (please circle)</p> <p><input type="checkbox"/> Rabies: 1 yr. 3 yr. (please circle)</p> <p style="margin-left: 40px;">Lot #: _____</p> <p style="margin-left: 40px;">Producer: _____</p> <p style="margin-left: 40px;">Serum Exp. Date: _____</p>	<p>Veterinarian Name & Address:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Billing Information: (please see Payment Policies below)</p> <p>Invoice #: _____</p> <p>Invoice Total: \$ _____</p> <p style="text-align: center;"><i>Please discount the Total by:</i></p> <p><input type="checkbox"/> 100% <input type="checkbox"/> 50% <input type="checkbox"/> 40% <input type="checkbox"/> 25% <input type="checkbox"/> ___% OR</p> <p><input type="checkbox"/> <i>Above Total already reflects a ___% discount</i></p> <p>Send payment to:</p> <p><input type="checkbox"/> Veterinarian <input type="checkbox"/> Puppy Raiser</p>
<p>Fecal Test Result:</p> <p>_____</p>	
<p>History:</p> <p>_____</p>	
<p>Diagnosis:</p> <p>_____</p>	
<p>Treatment:</p> <p>_____</p>	
<p>Medications Dispensed:</p> <p>_____</p>	

Veterinary Visit Payment Policies

- **Treatment Authorizations:** Please feel free to proceed with any diagnostic or treatment protocol that you judge to be appropriate, up to a maximum of \$400 per visit. If it is clear that an individual problem will be more costly to treat, please call (973) 539-4425 and ask for Veterinary Medicine & Genetics to speak with a staff veterinarian for authorization.
- **Heartworm and Flea & Tick Control:** The Seeing Eye provides all Puppy Raising Families with heartworm and flea/tick medication for their Seeing Eye Puppy and will not pay for preventive medications from any other source. The families must contact their Area Coordinator for additional preventive medication.
- **Sales Tax:** The Seeing Eye is a tax-exempt organization. Proof of exempt status can be provided upon request.
- **Billing:** Please bill The Seeing Eye directly. For prompt payment, email this form with your itemized invoice to PuppyBills@seeingeye.org, or mail this form and a copy of the itemized invoice to The Seeing Eye, Attn: Veterinary Medicine & Genetics. Please submit all invoices within 30 days of the visit. Incomplete or missing forms and invoices will delay payment.

Please help us keep accurate records by submitting information from all visits.