

**Vaccine Clinic Medical Record/Receipt**

Date: \_\_\_\_\_ First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Pet Name: \_\_\_\_\_ Pet Age: \_\_\_\_\_ Pet Breed: \_\_\_\_\_ Pet Colors: \_\_\_\_\_

**Circle One:** Dog / Cat Male/ Female Spayed / Neutered / Not Altered

**Check All Vaccines/Services you would like your pet to receive.**  
**Note: All visits are charged a \$25 Office Fee.**

<b>For Dogs</b>		<b>For Cats</b>	
Nail Trim	\$10.00 <input type="checkbox"/>	Nail Trim	\$10.00 <input type="checkbox"/>
Distemper/Rabies combo	\$40.00 <input type="checkbox"/>	Distemper/Rabies combo	\$40.00 <input type="checkbox"/>
Distemper (DHPP, no lept)	\$20.00 <input type="checkbox"/>	Distemper vaccine (FVRCP)	\$20.00 <input type="checkbox"/>
Rabies vaccine (1yr/3yr)	\$25.00 <input type="checkbox"/>	Rabies vaccine (1yr/3yr)	\$25.00 <input type="checkbox"/>
Kennel Cough vaccine	\$20.00 <input type="checkbox"/>	Microchip	\$35.00 <input type="checkbox"/>
Microchip	\$35.00 <input type="checkbox"/>	FELV/FIV Testing	\$35.00 <input type="checkbox"/>
DNA Testing Kit	\$80.00 <input type="checkbox"/>	Cardboard Carrier	\$10.00 <input type="checkbox"/>
Heartworm Testing Witness	\$20.00 <input type="checkbox"/>	Dewormer	\$10.00 <input type="checkbox"/>
Iverhart Plus All Lbs Single Dose	\$10.00 <input type="checkbox"/>	Flea/Tick Treatment (Single dose applied today)	\$15.00 <input type="checkbox"/>
Iverhart Plus All Lbs Box of 6	\$55.00 <input type="checkbox"/>	Flea/Tick Treatments (Box of 3 doses)	\$40.00 <input type="checkbox"/>
Dewormer under 25 lbs	\$25.00 <input type="checkbox"/>		
Dewormer over 25lbs	\$30.00 <input type="checkbox"/>		
Flea/Tick Treatment (Single dose applied today)	\$15.00 <input type="checkbox"/>		
Flea/Tick Treatments (Box of 3 doses)	\$40.00 <input type="checkbox"/>		

**Medical Notes:**

<b>Weight:</b> _____ <b>T:</b> _____ <b>P:</b> _____ <b>R:</b> _____	<b>Test Results: Heartworm</b> _____ <b>FELV/FIV:</b> _____
	<b>Fecal:</b> _____

DVM \_\_\_\_\_

# Vaccination Clinic Medical Consent Form

**PLEASE READ AND CONSENT TO THE FOLLOWING:**

- I am the owner of the animal(s) presented for services and have the authority to execute this consent and authorize the performance of the requested procedures. I understand the staff of Animal Shelter Inc will perform the procedure(s) to the best of their ability, always taking into account the safety of the animal(s) first.
- To the best of my knowledge my animal(s) have no diagnosed allergies to vaccines. I will inform the Veterinarian and staff of any current medical conditions or medications that may increase my animal(s) chance for adverse reactions to vaccinations. I understand that Animal Shelter Inc uses only the highest quality of vaccines available; and I am aware vaccine reactions are possible, though they are rare.
- Should my animal(s) become ill due to vaccines, I will not hold Animal Shelter Inc, its affiliates, or employees responsible. I agree to treat any medical concerns/conditions or vaccine reactions at my own Veterinarian or emergency clinic. And am aware that this will be my own financial responsibility.
- I understand that this is not a full and complete exam and for the overall health of my animal(s). Your animal(s) have been examined to determine the appropriateness of vaccinations selected. A comprehensive exam should be performed yearly at my local Veterinarian.
- My animal(s) have had no recent occurrences of abnormalities such as coughing/sneezing, vomiting/diarrhea, runny eyes/nose, or fever. I certify that my animal(s) is in good health. We have the right to refuse services if it will cause harm to your animal(s). If an illness is identified, be aware your animal(s) vaccines may be delayed until said illness is addressed at your own Veterinarian.
- I understand Animal Shelter Inc **does not give out prescriptions**. I am fully aware that if I choose to get prescription medications from an outside or online source, Animal Shelter Inc will not give out any information to help with the purchase of my prescription medications.
- I understand there are **NO REFUNDS/EXCHANGES** on any services provided or products purchased through us.
- A heartworm test must be performed with us in order to purchase heartworm prevention.
- I am aware I will only be able to purchase heartworm prevention on the same day that I heartworm test my animal(s). If I choose to heartworm test and do not purchase prevention, I will need to re-test my animal(s) in order to purchase heartworm prevention from us in the future.
- If I choose to only purchase 6 months of heartworm prevention for my animal(s), I will need **to return on or before 6 months** to purchase another 6 months of product, if I adhere to this, then heartworm testing will only need to be performed yearly. If I do not adhere to this, I will need to re-test my animal(s) in order to purchase heartworm prevention.
- I understand we do not sell heartworm prevention to be split between your animal(s); it is LABELED as one box per prescribed animal that is heartworm tested with us.
- I understand any person in who owns a dog/cat is required by law to have that animal registered with a rabies tag yearly. As the owner, I am aware that it is my responsibility to acquire the rabies license/tag.

PRINT OWNER NAME: \_\_\_\_\_

OWNER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_