

Vaccination Consent Form for Springtown Veterinary Hospital

Owner: _____ Pet's Name _____ Date _____

Appetite: Normal Abnormal: _____

Activity: Normal Abnormal: _____

Water Consumption: Normal Abnormal: _____

Bowel Movement: Normal Abnormal: _____

Urination: Normal Abnormal: _____

What brand of food does your pet eat:

Scient Diet Iams Purina Other _____

Does your pet eat anything other than pet food? No Yes _____

Do you authorize laboratory tests if necessary? No Yes

Do you authorize x-rays if necessary? No Yes

Do you authorize sedation if necessary? No Yes

List any medication your pet is currently taking and time last given: _____

Please mark the box of any additional services you would like performed:

Comprehensive Medical Exam **Annual Wellness Diagnostic Testing**

Rabies FVRCP Fecal Microchip

DHLPP-P/CV Leukemia Deworming Bath

Bordetella FIV Nail Trim Snake Vacc.

HWT/ Ehr/ Lyme Test Feline HWT/ Leuk/ FIV Test Anal Gland Expression

Heartworm Prevention 6 OR 12 months of: _____ Flea Prevention 3 OR 6 months of: _____

Other: _____

I accept full responsibility for the fees generated by such services, and I realize that they are due and payable at the time the animal is released from the hospital.

Owner or Agent

Any and all contact numbers

Staff ID# _____