

Vaccine Clinic Form

Owner Name: _____ Address: _____ Zip Code: _____

Phone number: (____) _____ Alt: (____) _____ Email: _____

Pet Name: _____ Dog / Cat Age/DOB: _____ M/F Altered? Yes / No / Unknown

Breed: _____ Color: _____

To assist with the needs of your pet, please read and answer the following:

Has your pet received vaccinations before? Yes/No/Unknown

If yes, explain vaccine and date: _____ OR provide records

Does your pet have any health concerns? Yes/No

If yes, explain: _____

Has your pet had an exam by a veterinarian in the past year? Yes/No

If yes, explain: _____

Is your pet on any medications? Yes/No

If yes, explain: _____

Has your pet ever had a reaction to a vaccine? Yes/No

If yes, explain: _____

Is your pet possibly pregnant? Yes/No

If yes, explain: _____

Has your pet recently had coughing, sneezing, vomiting, diarrhea, inappetence or lethargy? Yes / No

For dogs, this dog is ☐ Friendly ☐ Fearful/Bites ☐ Unsure

For cats, this cat is ☐ Tame ☐ Untouchable ☐ Unsure this cat is ☐ Indoor ☐ Indoor/Outdoor ☐ Outdoor

I authorize KHS to use my pet's photo for use in marketing materials. Please initial if you agree _____.

Vaccination Program Guidelines (initial that you have read and agree with each statement below):

_____ I certify that I am a Kitsap County or Mason County resident. I further certify that my annual income qualifies me for this vaccination program (3 or less members of the household: annual income of \$74,160 or less; a 4 member household: \$82,320 or less). If requested to do so, I can show documented proof of my income. I also certify that I am at least 18 years of age.

_____ The Kitsap Humane Society reserves the right to deny vaccination for aggressive animals that cannot be safely handled by staff.

_____ I waive any and all claims against the Kitsap Humane Society which may result from my pet's vaccine and/or stay.

_____ I understand as the pet owner that I am responsible for all costs incurred for my pet through the vaccine clinic today and that payment is due at the time of service. The only acceptable forms of payment are: cash and credit card

Services Requested Today:

CATS	DOGS	Microchip
<input type="checkbox"/> Rabies Vaccine (must be 16 weeks)... \$15 <input type="checkbox"/> FVRCP Vaccine (Distemper) \$15 <input type="checkbox"/> Deworming \$15 <input type="checkbox"/> FELV Vaccine..... \$15 <input type="checkbox"/> FELV/FIV test \$15	<input type="checkbox"/> Rabies Vaccine (must be 16 weeks)... \$15 <input type="checkbox"/> DHPP Vaccine (Distemper) \$15 <input type="checkbox"/> Bordetella IN \$15 <input type="checkbox"/> Deworming \$15 <input type="checkbox"/> Leptospirosis \$15	<input type="checkbox"/> Microchip (w/registration) \$20 <u>Alternate Contact if Purchasing Microchip</u> (Contact should be outside of the household) Name: _____ Phone#: _____

The goal of animal vaccination is to effectively reduce the extent and severity of infectious disease in our pets. In granting this consent to vaccinate, I hereby state that:

I am the owner of the animal(s) presented for services and have the authority to execute this consent and authorize the requested procedures. I understand the staff of the Kitsap Humane Society are qualified to perform the procedure(s) and always take into account the safety of the animal(s) first. I agree to comply with their instructions. To the best of my knowledge, I have informed the veterinarian and staff of any current medical conditions or medications that may increase my animal(s) chance for adverse reactions to vaccinations. The veterinarian may refuse to administer vaccine(s) to any animal which cannot be controlled or due to conditions that could compromise the safety and/or health of that animal.

I understand that the vaccination of my pet will substantially reduce but may not completely eliminate my pet's chances of contracting the disease(s) vaccinated against. I understand that it can take up to 2 weeks for vaccinations to protect my animal. I understand that The Kitsap Humane Society uses only the highest quality of vaccines available and I am aware vaccine reactions are possible.

I understand that my pet may develop anorexia, lethargy, fever, and soreness within a few hours after vaccination and can last for up to 24 hours. I understand that these signs are usually minor and usually resolve without the need for additional veterinary care. Some Pets develop mild lethargy or soreness 1 to 2 days after vaccination. A lump formation may occur at the vaccination site. If this is painful or persists for more than a few weeks with no decrease in size, consult your veterinarian. I understand that should my pet develop any severe or unanticipated reaction to the vaccination, such as urticaria (hives) and pruritis (itching) of the face and ears, muzzle swelling, vomiting with or without diarrhea, or respiratory distress, collapse, and in serious cases left untreated, even death, which may occur within minutes, or even seconds, I should contact the local veterinary emergency clinic immediately for instructions.

Should my animal(s) become ill or injured due to vaccines or services, I will not hold The Kitsap Humane Society, its affiliates, or employees responsible. I understand I may be referred to a veterinary emergency hospital and am aware that this will be my own financial responsibility. I understand that the staff veterinarian does not perform a full and complete exam of my animal(s). I am declaring that my animal(s) is/are healthy. A comprehensive exam should be performed yearly at my local Veterinarian. I understand that, although the incidence is small, participating in the Kitsap Humane Society vaccination clinic can result in injury to my animal(s) or myself, including but not limited to a bite incident. In the event of a bite, the Kitsap Humane Society will be contacted and my animal(s) will need to be held for a rabies quarantine. I assume all risks associated with participating in this program. I hereby release The Kitsap Humane Society, all veterinarians, assistants, volunteers, directors, and employees from any and all claims arising out of, or connected with, the performance of this procedure or any adverse reactions from vaccinations. Owner/agent hereby agrees to indemnify and hold The Kitsap Humane Society harmless for any damages caused by any unforeseeable events including fire, vandalism, burglary, extreme weather, or natural disasters.

I HAVE READ & UNDERSTOOD THE CONDITIONS LISTED ABOVE, ALL QUESTIONS HAVE BEEN ANSWERED TO MY SATISFACTION:

OWNER SIGNATURE (must be 18 yrs of age or older)

DATE