



Vaccines and walk-in services form

OWNER INFORMATION (Please print clearly)

First name _____ Last name _____ Date _____

Address _____

City _____ State _____ Zip _____

Home phone _____ Cell phone _____

Email _____

PET INFORMATION (Complete one form per animal)

Dog Male Spayed/Neutered? Yes No

Pet's name _____ Cat Female How long have you owned your pet? _____

Breed/mix _____ Color _____ Age: _____

Has your pet ever been vaccinated? Yes No If so, when _____

Has your pet ever had an adverse reaction to vaccines? Yes No

If yes, please explain: _____

WHAT SERVICES WOULD YOU LIKE US TO PROVIDE TODAY?

If you are unsure about what your pet needs, please ask our staff. We are happy to make recommendations.

DOG

- Rabies vaccine (required by law, three months or older) \$12
- Dog parvo combo vaccine (DA2PPV) \$12
- Dog bordetella vaccine (kennel cough) \$12
- Dewormer (roundworm, hookworm, pinworm) \$10
- Heartworm testing for dogs six months or older \$20 (test for deadly parasite contracted through mosquito bites)
- Heartworm prevention (six-month supply chewable tablets):
 - 2-25 lbs - \$25 26-50 lbs - \$30 51-100 lbs - \$35
- Microchip with registration \$20
- Nail trim \$5

CAT

- Rabies vaccine (required by law, three months or older) \$12
- Feline distemper combo vaccine (FVRCP) \$12
- Feline leukemia vaccine (9 weeks or older) \$12
- Testing of cats for feline immunodeficiency virus (FIV) / feline leukemia virus (FeLV) \$25
- Dewormer \$10
- Tapeworm treatment \$10
- Microchip with registration \$20
- Nail trim \$5

PLEASE DONATE TO HELP THE CAUSE

I would like to donate to help homeless dogs and cats. \$1 \$5 \$10 Other _____

PET'S HEALTH INFORMATION

Has your pet had any of the following symptoms in the last four weeks?

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> Coughing | <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Difficulty breathing | <input type="checkbox"/> Appetite change |
| <input type="checkbox"/> Lethargy | <input type="checkbox"/> Weight change | <input type="checkbox"/> Seizures | <input type="checkbox"/> Vomiting |
| <input type="checkbox"/> Runny nose, eyes | <input type="checkbox"/> Decreased drinking | <input type="checkbox"/> Hair loss | <input type="checkbox"/> Ear problems |
| <input type="checkbox"/> Drooling | <input type="checkbox"/> Sneezing | <input type="checkbox"/> Bleeding | |
| <input type="checkbox"/> Lameness | <input type="checkbox"/> Excessive scratching | <input type="checkbox"/> Increased drinking | |

VACCINATION & OTHER SERVICES AUTHORIZATION AND RELEASE

_____ **I understand** there is some risk inherent in the procedure and in the use of anesthetics and drugs used to provide this service. I understand that these risks could conceivably result in the injury or death of my animal.

_____ **I request and authorize** Best Friends Animal Society, through its designated veterinarians and assistants, to perform the above requested services to the animal described on the vaccination and services form.

_____ **I understand** there is some risk involved in vaccinating my pet.

_____ **I understand** that to be properly vaccinated, each pet must receive an initial series of two-six vaccines, followed by regular booster vaccines given as frequently as once yearly.

_____ **I understand** that Best Friends Animal Society does not send out vaccine reminders informing me when my pet's vaccines are due and that I am responsible for ensuring my pet is properly vaccinated.

_____ **I understand** there is a \$5 fee for each non-surgical patient

_____ **I hereby release** Best Friends Animal Society, including its officers, directors, employees (including its veterinarians, veterinary assistants, and all Spay and Neuter Clinic staff), agents and volunteers from any and all claims arising out of or connected with the performance of this vaccination or other services. I agree that I have not or will not claim any right of compensation from Best Friends Animal Society, or any of them, or file any action based on the vaccination or other services provided on behalf of the animal or any consequences related thereto.

Signature _____ Date _____

Name (print) _____