

Vaccine Clinic Check In

Client Name: _____ Primary Phone number: _____

Address: _____ City, State, Zip: _____

New Clients or New Pets please fill out "New Client Information Sheet" as well

Authorization to Provide Care:

I am the owner or duly authorized agent for the owner of the pet described above. I hereby authorize and direct the veterinarians of Kyle Animal Hospital or their assistants to perform vaccination(s) as I request below. I understand that there is a risk of complications, including death, for any procedure that may be performed, including basic vaccinations. I understand that there will be no guarantees as to the results, effectiveness, or accuracy of any vaccination, procedure, medication, therapy, or test.

I understand that I am presenting the above pet for "Vaccine Clinic Only" basic wellness care as I request. I do certify that my pet is in good general health, has no known health problems and has not been known to be aggressive. I do certify that my pet has never had an adverse reaction to a vaccination. **I understand that this visit does not include consultation on vaccine selection, wellness care, or exam for any other issues than establishing general health for vaccine/wellness care services.** I understand that many other issues exist that are not covered with this vaccine visit; some of these may be severe and may adversely impact human health as well. I understand that I have the opportunity for these and other issues to be addressed during a regular office visit during regular office hours.

I have been informed of the risks, and understand that the risks cannot be fully covered at a vaccine clinic type visit. I understand that I have opportunity to further investigate additional risks, (vaccine reaction and otherwise) to my pet prior to these procedures. I accept full responsibility, financial and otherwise, for treatment of my pet in the event of an adverse event associated with these procedures. I hereby waive the recommendation for a regular office visit/consultation/comprehensive examination, and give my informed consent for the doctors and staff at Kyle Animal Hospital to proceed with the procedures as outlined below in absence of such an office call/consultation.

I understand that the duration of the vaccine immunity will be decided at the sole discretion of the veterinarians at Kyle Animal Hospital, and that in general a 3 year license for Rabies will only be given if my pet has been previously vaccinated at Kyle Animal Hospital.

My preferred method of payment is: (please circle) Cash Check Mastercard Visa Discover Amex CareCredit

Signature

Printed Name

Date

Special note for pets under 6 months or over 8 years of age: Kyle Animal Hospital will vaccinate your pediatric or geriatric pet through this vaccine clinic, but we HIGHLY RECOMMEND these pets be seen through our regular office call/examination hours instead. We will be happy to schedule a regular office call so that we will have the time to consult with you on the additional special needs of pediatric and geriatric pets.

Please circle the services you desire: (In an effort to keep costs to a minimum and streamline the vaccination process, additional routine wellness testing such as heartworm test, fecal parasite test, and feline leukemia/FIV test may be scheduled during regular office hours WITHOUT an additional doctor consultation.)

Pet Name: _____ Circle one: Dog Cat Breed: _____ Age: _____

Dogs

- Rabies: (over 12 weeks old only).....\$14.50
- DHP/P:.....\$16.50
- Leptospirosis (over 12 weeks old only)....\$16.50
- Bordetella (over 12 weeks old only)\$14.50
- Heartworm SNAP Test.....\$25.00
- Parasite Package\$45.00
(Heartworm Test & Fecal Parasite Screen)

Cats

- Rabies (over 12 weeks old only)\$14.50
- FVRCP.....\$16.50
- Leukemia (over 12 weeks old only) ...\$27.00
(Leukemia vaccine is non-adjuvanted)
- Feline Leukemia & FIV Test.....\$45.00