



**Resort Vaccine Consent Form**

Client Name: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Address: \_\_\_\_\_

Species/Breed: \_\_\_\_\_

\_\_\_\_\_

Sex: \_\_\_\_\_

Phone #: \_\_\_\_\_

Color: \_\_\_\_\_

Arrival Date: \_\_\_\_\_

Departure Date: \_\_\_\_\_

**Canine Request For Preventative Care:**

- Tech Exam
- Rabies
- Bordetella
- Lepto
- Lyme
- Annual Wellness
- Heartworm 4DX Snap Test
- Fecal
- Distemper
- Canine Influenza
- Rabies Exam
- Ear Cleaning
- Anal Glands
- Tick Removal
- Start Series
- 2<sup>nd</sup> In Series
- Restart Series

**Feline Request For Preventative Care:**

- Tech Exam
- Rabies (PureVax)
- FVRCP (Feline Distemper)
- Fecal
- Annual Wellness
- Feline Leukemia Vaccine
- Feline Leukemia/Aids Snap Test
- Tick Removal
- Rabies Exam
- Ear Cleaning
- Nail Trim
- Tick Removal

Do you need medication/preventative refilled?  Yes  No

If Yes, What prescriptions do you need refilled?  Frontline  Nexgard  Heartgard  Other

If Other, Please provide additional details: \_\_\_\_\_

Does your pet have any allergies to medications?  Yes  No

If Yes, Please describe: \_\_\_\_\_

Has your pet ever had an allergic reaction to vaccinations?  Yes  No

If Yes, Please describe: \_\_\_\_\_

Does your pet have any pre-existing physical or medical conditions?  Yes  No

If Yes, Please describe: \_\_\_\_\_

I understand I am responsible for any charges incurred in the treatment of my pet and payment is due at the time of release from the hospital. I understand and agree to the terms in this agreement:

Client Signature \_\_\_\_\_

Date \_\_\_\_\_

Emergency Contact: \_\_\_\_\_