



GREENBRIAR

VETERINARY HOSPITAL & LUXURY PET RESORT

Resort Vaccine Consent Form

Client Name:
Address:

Phone Number:

Patient Name:
Species:
Breed:
Sex:
Color:
Weight
Age:

Department:

Dates:

Canine Request For Preventative Care:

- | | | |
|---|---|---|
| <input type="checkbox"/> Annual Wellness Exam | <input type="checkbox"/> Rabies Vaccine | <input type="checkbox"/> Heartworm/Lyme 4DX Snap Test |
| <input type="checkbox"/> Tech Exam | <input type="checkbox"/> Distemper Vaccine | <input type="checkbox"/> Fecal |
| <input type="checkbox"/> Rabies Exam | <input type="checkbox"/> Bordetella Vaccine | <input type="checkbox"/> Ear Cleaning |
| <input type="checkbox"/> Senior Wellness Exam | <input type="checkbox"/> Canine Influenza Vaccine | <input type="checkbox"/> Anal Gland Expression |
| <input type="checkbox"/> Boarding Exam | <input type="checkbox"/> Lyme Vaccine | <input type="checkbox"/> Senior Wellness Profile (>7yr old) |
| <input type="checkbox"/> Recheck Exam | <input type="checkbox"/> Leptospirosis Vaccine | <input type="checkbox"/> Adult Wellness Profile |

Feline Request For Preventative Care:

- | | | |
|---|---|--|
| <input type="checkbox"/> Annual Wellness Exam | <input type="checkbox"/> Rabies (PureVax) Vaccine | <input type="checkbox"/> Feline Leukemia/Aids Snap Test |
| <input type="checkbox"/> Tech Exam | <input type="checkbox"/> FVRCP (Feline Distemper) Vaccine | <input type="checkbox"/> Fecal |
| <input type="checkbox"/> Rabies Exam | <input type="checkbox"/> Feline Leukemia Vaccination | <input type="checkbox"/> Senior Wellness Profile (>10yr old) |
| <input type="checkbox"/> Senior Wellness Exam | | <input type="checkbox"/> Adult Wellness Profile |
| | | <input type="checkbox"/> Ear Cleaning |
| | | <input type="checkbox"/> Nail Trim |

Do you need medication/preventative refilled? Yes No

If Yes, what prescriptions do you need refilled? Frontline Nexgard Heartgard Proheart 6 Other

If other, please provide additional details/How much: ___

Does your pet have any allergies to medications? Yes No

If yes, please describe: ___

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

If yes, please describe: ___

Does your pet have any pre-existing 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 terms set fourth in this agreement.

Client Signature:
Emergency Contact :

Date: