

VACCINATION CLINIC

Margaret B. Mitchell Spay/Neuter Clinic

www.mbmspayneuterclinic.org

(276) 591-5790

Client Account No.:

Today's Date

____ / ____ / ____

Have You or This Pet Been Here Before? Yes No

If yes, under what name?

Your first name:

Your last name:

Animal's name:

Animal's age or DOB:

Cat Dog

Male Female

Has your pet been spayed/neutered? Y N

Is your pet pregnant? Y N

Animal's color(s):

Animal's breed:

County of Residence:

Address:

City:

State:

Zip Code:

Phone number:

() - _____

Has this pet seen a veterinarian in the last 2 years? Y N

Margaret B. Mitchell Spay/Neuter Clinic (MBM Spay/Neuter Clinic) uses qualified staffing for all veterinary services provided. Carefully read and understand the following before signing your name:

I, acting as owner or agent of the pet named above, request and authorize MBM Spay/Neuter Clinic, through whomever veterinarians it may designate, to perform the veterinary services marked below. I hereby release MBM Spay/Neuter Clinic and its veterinarians, technicians, directors, and employees from any and all claims relating to the performance of these services, including any adverse reactions from any vaccinations requested.

Vaccines: I understand that while most pets will not have any side effects from vaccines, the most common side effects are localized pain/swelling at the site of the injection, mild lethargy and low-grade fever. These usually resolve on their own within 24 hours and do not require treatment. More severe reactions are less common, but can present as vomiting, diarrhea, facial swelling and hives.

If your pet shows any signs of a severe reaction, please seek medical attention immediately at a full-service veterinary facility. With any vaccine, anaphylaxis (a very severe and potentially fatal hypersensitivity reaction) is a risk but is rare.

1. Has your pet ever had a reaction to any vaccine? Yes No. If yes, please list the type of vaccine and when the reaction occurred. _____
2. Does your pet have a current rabies vaccine? Yes No
3. Has your pet ever had a seizure? Yes No
4. Has your pet ever been diagnosed as having any disease (for example, cancer, Feline Leukemia, FIV)? Yes No
If yes, please explain: _____

Services requested today:

Dogs

- Distemper/Parvo* \$15
 Kennel Cough \$15
 1 year Rabies \$15
 Dewormer \$15
 Flea/Tick Preventative \$15
 Diphenhydramine \$5

(only for those with previous vaccine reaction)

Cats

- Distemper FVRCP* \$15 Microchip \$20
 Feline Leukemia* \$15
 1 year Rabies \$15
 Flea/Tick Preventative \$15
 Dewormer \$15
 Cardboard cat carrier \$5

***To be effective, if this is the pet's first vaccine, the vaccine should be boosted in 3-4 weeks.**

OFFICE USE ONLY

Weight: _____ lbs.

Totals:

Services: _____

Subsidy: _____

Donation: _____

Amt. Due: _____

I have read and understand the terms and conditions listed above: _____ Date: _____

Signature