

Animal Protection League

PET OWNER: COMPLETE ALL INFORMATION IN **BOLD LETTERS**.
YOUR PET **CANNOT** BE SEEN UNTIL THIS FORM IS COMPLETED.

If you have concerns about your pet's health, we suggest you take your pet to your local, private practice veterinarian for blood work and a health evaluation

Date: _____

How did you hear about us (circle one)? Repeat Client Friend Radio Flyer Newspaper Other _____

<u>OWNER INFORMATION</u>	
Name:	_____
Email Address:	_____
Telephone Number:	_____
Mailing Address:	_____
City:	_____ State: _____ Zip: _____

<u>PET INFORMATION</u>	
Name:	_____
Circle one: Dog	Cat / Male Female
Is pet spayed or neutered?	Yes No
Breed:	_____ Color: _____
Age:	_____

Reason for visit today: _____

Has this pet shown any signs of illness in the past 2 weeks? Yes No

Does this pet have any chronic illness or is this pet currently being treated for any conditions? Yes No

If yes, please list: _____

Is this pet coughing, sneezing, lethargic, or having diarrhea? Yes No

Has this pet had any significant weight gain or weight loss? Yes No

Has this pet EVER had a seizure? Yes No Has this pet EVER had a reaction to vaccines? Yes No

Could this pet be pregnant? Yes No Is this pet currently nursing puppies/kittens? Yes No

Is pet on flea prevention? Yes No Is pet currently on Heartworm prevention? Yes No

Any other information regarding your pet that we should know about? _____

Technician's notes:

For veterinarian use only:

Weight _____ Temp _____

Patient appears healthy for vaccinations Yes No

Dr's Notes:



ANIMAL PROTECTION LEAGUE

Client Consent to Services

Lifestyle Questionnaire – I acknowledge that I have reviewed/completed the lifestyle questionnaire for my pet, I am at least 18 years of age, and I am responsible for the services selected/not selected for my pet.

Vaccination Information – I understand that vaccinations and parasiticides will substantially reduce, but may not completely eliminate, my pet’s chances of contracting or controlling the illnesses or parasites we are trying to prevent.

Side Effects – I understand that there is a possibility that my pet may develop side effects after receiving vaccinations and/or administration of parasiticides and that these side effects are usually minor and resolve without need for additional veterinary care. Common side effects may include – lethargy/depression/drowsiness, decreased appetite, limping/soreness over vaccination site, antisocial behavior, small swelling at/over vaccination site.

NORMAL SIDE EFFECTS FROM VACCINES	ALLERGIC REACTIONS FROM VACCINES – ER VISIT NEEDED
FEVER	EXCESSIVE VOMITING (REPEATEDLY/DOES NOT STOP)
LETHARGY	EXCESSIVE DIARRHEA (REPEATEDLY/DOES NOT STOP)
LOCALIZED SWELLING OF INJECTION SITE	EXTREMELY PALE OR WHITE GUMS
LOCALIZED TENDERNESS OF INJECTION SITE	COLLAPSE OR INABILITY TO GET UP
SHORT TERM DROOLING AFTER ORAL MEDS	FACIAL SWELLING – THICK LIPS (JOWLS)/PUFFY EYES
LACK OF APPETITE (SHOULD NOT EXCEED 24HRS)	HIVES (USUALLY PAIRED WITH ANOTHER REACTION)

If you are concerned by any behavior or symptom your pet exhibits after the administration of a vaccination or parasiticides, contact us at (903) 753-7387. If symptoms persist for over 48 hours, please contact your regular/private practice veterinarian. It is recommended that I report any suspicious symptoms/reactions so they can be properly recorded and monitored. I understand that should my pet develop any severe reaction or symptom that is concerning to me emergency veterinary care may be necessary and it is my financial responsibility to seek care at the nearest veterinary facility.

Heartworm Testing and Prevention – Your pets heartworm test result is valid for 60 days. Prevention must be started/continued within that time. Annual testing is required to be able to purchase prevention here at Animal Protection League and to ensure the prevention is serving its purpose. I understand that I can purchase prevention here at Animal Protection League or at my regular/private practice veterinarian of choice. I agree that I will not give heartworm prevention without a negative result, and understand that prevention will not be prescribed should my pet test positive today. Animal Protection League does not work with any third-party online pharmacies or provide written prescriptions, if I request prevention via online pharmacy, I understand it will be denied. Animal Protection League will provide record of test result should I want to get prevention at my regular/private practice veterinarian.

To the best of my knowledge, I confirm that my pet has no sign of disease unless disclosed in the lifestyle questionnaire, is not allergic to vaccinations/parasiticides, and is not pregnant. I have read and understand all of the provisions as well as the possible reactions and I have had the chance to ask any and all questions I have regarding the risks associated with services today that were recommended for my pet based on a discussion of my pets’ lifestyle and risk. I agree to accept all risks of vaccinations/parasiticides and accept legal and financial responsibility for all charges incurred as a result of such risks. I further acknowledge that Animal Protection League or any of their veterinarians, director, staff, or any other individuals or entities associated therewith, will not bear any legal or financial responsibility for such risks and will not bear any legal or financial responsibility for any charges or losses incurred by me. By signing below, I hereby consent to proceed with the recommended vaccinations, tests, and antiparasitic for my pet/s.

Signature: _____

Date: _____