

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

Fever
Lethargy
Localized swelling of the injection site
Localized tenderness of the injection site
Short term drooling after oral meds
Lack of appetite(should not exceed 24hrs)

ALLERGIC REACTIONS FROM VACCINES - ER VISIT NEEDED

Excessive vomiting(repeatedly/does not stop)
Excessive diarrhea (repeatedly/does not stop)
Extremely pale or white gums
Collapse or inability to get up
Facial swelling- thick lips(jowls), puffy eyes
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 - *I understand that the American Heartworm Association (AHA) recommends heartworm testing prior to starting heartworm prevention, retesting 6 months later, and annual heartworm testing thereafter. I also understand that if any heartworm prevention dose is missed, delayed, or administered improperly, my pet may become infected with heartworms and should be retested 6 months after the lapse. I acknowledge that failure to administer heartworm prevention exactly as directed may result in my pet becoming heartworm positive, and I accept all risks and responsibility associated with declining recommended testing and/or prevention.*

I understand that my pet's negative heartworm test result is valid for 30 days and that heartworm prevention must be started or continued within that time. Annual heartworm testing is required to purchase heartworm prevention through Animal Protection League and to help ensure the prevention is effective. I understand that I may obtain heartworm prevention through Animal Protection League or my regular/private practice veterinarian. I agree not to administer heartworm prevention without a current negative heartworm test result and understand that heartworm prevention will not be dispensed if my pet tests positive today. I further understand that Animal Protection League does not authorize requests from third-party online pharmacies or provide written prescriptions. If I choose to obtain heartworm prevention elsewhere, Animal Protection League will provide a copy of my pet's heartworm test results for my records.

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 anti-parasite for my pet/s.

Client Signature: _____

Date: _____

OFFICE USE ONLY

CASHIER - _____

TAP TO PAY - Y / N

PAID (CIRCLE ONE)

VISA / MC / DISC / AMEX / CASH \$ _____

LAST 4 DIGITS OF CARD - _____

ACCT# _____

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 _____

OWNER INFORMATION

Name: _____

Email Address: _____

Telephone Number: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

PET INFORMATION

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: