

VACCINATION INFORMED CONSENT

For The Puppy Vaccination and Deworming Series

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|-----------------------|---|
| Date: _____ | Patient: _____ |
| Owner: _____ | Species: _____ |
| Client No: _____ | Breed: _____ |
| Street: _____ | Sex: _____ (M=male, F=female, N=neutered male, S=spayed female) |
| City, St., Zip: _____ | Age: _____ |
| Phone: _____ | Weight: _____ |
| | Color: _____ |

To assist in determining the vaccine needs of your pet, please answer the following questions.

My puppy:

- Goes outdoors, or will go outdoors, in the future..... Often Seldom Never
Goes, or will go in the future, to a groomer, boarding facility, dog shows, etc..... Often Seldom Never
Is, or will be, used for hunting or is, or will be, associated with livestock or wildlife..... Often Seldom Never
Is or may become at risk of coming in contact with and being bitten by a rattlesnake. Often Seldom Never

All Caring Animal Clinic recommends the following vaccines:

Core vaccines for all puppies:

Rabies Vaccine, Canine Distemper, Canine Parvovirus, Canine Adenovirus-2, Canine Parainfluenza

Dogs that visit a groomer, boarding facility, dog shows, etc.:

Bordetella

Dogs that are often used for hunting or associated with livestock or wildlife:

Leptospirosis

Dogs that are at risk of coming into contact with a rattlesnake:

Rattlesnake vaccine

Recommended Vaccination, Deworming, & Testing Schedule for Puppy Visits

Legend: D=Distemper; A=Adenovirus; P=Parainfluenza; L=Leptospirosis; B=Bordetella; HWT=Heartworm Test; FE=Fecal Exam; DEW=Deworming;
(*)=Only administered as puppy's risk dictates

6-8 WeeksDAP, Parvo DEW

9-11 WeeksDAP, Parvo DEW

12-14 WeeksDAP, Parvo DEW..... Rabies..... B*

15-17 WeeksDAP, Parvo DEW..... B* L*

12 Months.....DAP, Parvo Rabies..... HWT FE .. B* L*

18 Months..... B*

24 Months.....DAP, Parvo Rabies..... HWT FE .. B* L*

Please indicate below how you want your puppy to be vaccinated, dewormed, and tested during its puppy visits.

(Check & Initial your choice)

- _____ I choose the schedule depicted above without the Bordetella and Leptospirosis Vaccines (**Recommended for most puppies**)
 _____ I choose the schedule depicted above including the Bordetella Vaccine.
 _____ I choose the schedule depicted above including the Leptospirosis Vaccine.
 _____ I choose the schedule depicted above including the Boretella and Leptospirosis Vaccines.
 _____ I choose to have my puppy vaccinated, dewormed, and tested according to a schedule other than that listed above.

By signing below, I affirm that:

1. I understand that my pet may be exposed to the diseases described above.
2. I understand that the vaccination of my pet will substantially reduce but may not completely eliminate my pet's chances of contracting the disease or diseases vaccinated against.
3. I understand that my pet may develop anorexia, lethargy, fever, and soreness within a few hours following vaccination and can last for up to 24 hours. I understand that these adverse effects are usually minor and will usually resolve without the need for additional veterinary care. I understand that should my pet develop any severe or unanticipated reaction to the vaccination, such as urticaria (hives) and pruritis (itching) of the face and ears, vomiting with or without diarrhea, or respiratory distress, which may occur within minutes, or even seconds, I should contact All Caring Animal Clinic immediately for instructions.
4. I understand that vaccinations in dogs may trigger autoimmune disease.
5. I understand that Dr. White or Dr. Winkler makes no warranty, either express or implied, as to the safety or efficacy of the vaccine being used.
6. I have been provided with informational material concerning vaccines and the diseases they are intended to protect against, disease incidence, vaccination recommendations, and adverse reactions.
7. I have read and understand the information provided to me concerning vaccines and the diseases they are intended to protect against, disease incidence, vaccination recommendations, and adverse reactions; I have had an opportunity to ask any questions I have concerning this information and vaccinations, and I have had all my questions answered to my satisfaction.

I request to have my pet vaccinated as indicated above.

Owner (or responsible party)

Date

Witness

Printed Name

Printed Name

Signature

Signature