

VACCINATION INFORMED CONSENT

For The Kitten Vaccination and Deworming Series

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 kitten:

- Goes, or will go, outdoors. Often Seldom Never
Goes to, or will go to in the future, a groomer, boarding facility, cat shows, etc. Often Seldom Never
Is associated with an environment known to have a problem with Feline Leukemia. Often Seldom Never
Is associated with an environment known to have a problem with Chlamydia. Often Seldom Never

All Caring Animal Clinic recommends the following vaccines:

Core vaccines for all cats:

Rabies Vaccine, Panleukopenia, Rhinotracheitis, Calicivirus

Cats that venture outside, even for short visits:

Feline Leukemia

Cats that go to a groomer, boarding facility, cat shows, etc:

Chlamydia psittaci Vaccine may be considered

Feline vaccines that are not currently recommended by All Caring Animal Clinic:

Feline Infectious Peritonitis

Microsporium (Ringworm) Vaccine

Feline Bordetella Vaccine

Feline Immunodeficiency Virus

Feline Giardia Vaccine

Recommended Vaccination, Deworming, & Testing Schedule for Kitten Visits

Legend: P=Panleukopenia; R=Rhinotracheitis (Herpes); C=Calicivirus; FLV=Feline Leukemia; CHL=Chlamydia; HWT=Heartworm Test; FE=Fecal Exam; DEW=Deworming;

- 6-8 Weeks RCPDEW
9-11 Weeks..... RCP, FLVDEW
12-14 Weeks.... RCP, FLVDEW Rabies
15-17 Weeks.... RCP, FLVDEW
12 Months RCP, FLV RabiesHWT FE
24 Months RCP, FLV RabiesHWT FE

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

(Check & Initial your choice)

- _____ I choose the schedule depicted above. (Recommended)
 _____ I choose the schedule depicted above without the Feline Leukemia Vaccine.
 _____ I choose to have my kitten vaccinated, dewormed, and tested according to a schedule other than that listed above.

By signing below, I affirm that:

- I understand that my pet may be exposed to the diseases described above.
- 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.
- 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.
- I understand that cats have a 1 in 3,000 to 1 in 10,000 chance of developing a sarcoma (a type of tumor) at the vaccination site. I understand that this type of tumor, should it occur, is life-threatening and may require extensive medical or surgical treatment.
- 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.
- 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.
- 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 stated above.

Owner (or responsible party)

Date

Witness

Printed Name

Printed Name

Signature

Signature