

## CANINE VACCINATION INFORMED CONSENT

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 dog:**

- Goes outdoors.....  Often  Seldom  Never  
 Goes to a groomer, boarding facility, dog shows, etc.....  Often  Seldom  Never  
 Is used for hunting or is associated with livestock or wildlife.....  Often  Seldom  Never  
 Is at risk of coming in contact with and being bitten by a rattlesnake.....  Often  Seldom  Never  
 Has vaccine reactions.....  Yes  No  Unknown .....If yes, to what vaccine? \_\_\_\_\_

**All Caring Animal Clinic recommends the following vaccines:**

**Core vaccines for all dogs:**

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

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

Bordetella every 6 months

**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 every 4 months during the snake season

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

Canine Coronavirus                      Microsporium (Ringworm) Vaccine                      Lyme Disease                      Canine Giardia Vaccine

**For each of the vaccines listed below, please indicate whether you accept or decline the vaccination for your pet and at what interval you wish the vaccines to be administered after the 2-year boosters.**

- |   | <u>Accept or Decline the Vaccine</u>  | <u>Indicate Desired Frequency of Administration</u>                      |
|---|---|--|
| <b>Rabies Vaccine</b> .....               | <input type="checkbox"/> I accept    ... <input type="checkbox"/> I decline ..... | <input type="checkbox"/> Annually <input type="checkbox"/> Every 3 years |
| <b>Canine Distemper Vaccine</b> .....     | <input type="checkbox"/> I accept    ... <input type="checkbox"/> I decline ..... | <input type="checkbox"/> Annually <input type="checkbox"/> Every 3 years |
| <b>Canine Parvovirus Vaccine</b> .....    | <input type="checkbox"/> I accept    ... <input type="checkbox"/> I decline ..... | <input type="checkbox"/> Annually <input type="checkbox"/> Every 3 years |
| <b>Canine Adenovirus-2 Vaccine</b> .....  | <input type="checkbox"/> I accept    ... <input type="checkbox"/> I decline ..... | <input type="checkbox"/> Annually <input type="checkbox"/> Every 3 years |
| <b>Canine Parainfluenza Vaccine</b> ..... | <input type="checkbox"/> I accept    ... <input type="checkbox"/> I decline ..... | <input type="checkbox"/> Annually <input type="checkbox"/> Every 3 years |
| <b>Canine Bordetella Vaccine</b> .....    | <input type="checkbox"/> I accept    ... <input type="checkbox"/> I decline ..... | <input type="checkbox"/> Every 6 months                                  |
| <b>Leptospirosis Vaccine</b> .....        | <input type="checkbox"/> I accept    ... <input type="checkbox"/> I decline ..... | <input type="checkbox"/> Annually  |
| <b>Rattlesnake Vaccine</b> .....          | <input type="checkbox"/> I accept    ... <input type="checkbox"/> I decline ..... | <input type="checkbox"/> Every 4 months (During the warm months)         |

**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 stated above.**

<b>Owner (or responsible party)</b>	<b>Date</b>	<b>Witness</b>
_____	_____	_____
Printed Name		Printed Name
_____		_____
Signature		Signature