

# Humane Society of Ventura County

## Vaccination Clinic Form

Have you or your pet visited our vaccination or spay/neuter clinic before? ☐ Yes ☐ No

Owner Name: \_\_\_\_\_ Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone number: (\_\_\_\_) \_\_\_\_\_ Alt: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Pet Name: \_\_\_\_\_ Dog / Cat Age/DOB: \_\_\_\_\_ M/F Altered? Yes / No / Unknown

Breed: \_\_\_\_\_ Color: \_\_\_\_\_

To assist with the needs of your pet, please read and answer the following:

Has your pet received vaccinations before? Yes/No/Unknown

If yes, explain vaccine and date: \_\_\_\_\_

Does your pet have any health concerns? Yes/No If yes, explain: \_\_\_\_\_

Has your pet had an exam by a veterinarian in the past year? Yes/No If yes, explain: \_\_\_\_\_

Is your pet on any medications? Yes/No If yes, explain: \_\_\_\_\_

Has your pet ever had a reaction to a vaccine? Yes/No If yes, explain: \_\_\_\_\_

Is your pet possibly pregnant? Yes/No If yes, explain: \_\_\_\_\_

Has your pet recently had coughing, sneezing, vomiting, diarrhea, inappetence or lethargy? Yes / No

**The goal of animal vaccination is to effectively reduce the extent and severity of infectious disease in our pets. In granting this consent to vaccinate, I hereby state that:**

I am the owner of the animal(s) presented for services and have the authority to execute this consent and authorize the requested procedures. I understand the staff of the Humane Society of Ventura County are qualified to perform the procedure(s) and always take into account the safety of the animal(s) first. I agree to comply with their instructions. To the best of my knowledge, I have informed the veterinarian and staff of any current medical conditions or medications that may increase my animal(s) chance for adverse reactions to vaccinations. The veterinarian may refuse to administer vaccine(s) to any animal which cannot be controlled or due to conditions that could compromise the safety and/or health of that animal.

I understand that the vaccination of my pet will substantially reduce but may not completely eliminate my pet's chances of contracting the disease(s) vaccinated against. I understand that it can take up to 2 weeks for vaccinations to protect my animal. I understand that The Humane Society of Ventura County uses only the highest quality of vaccines available and I am aware vaccine reactions are possible. I understand that my pet may develop anorexia, lethargy, fever, and soreness within a few hours after vaccination and can last for up to 24 hours. I understand that these signs are usually minor and 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, muzzle swelling, vomiting with or without diarrhea, or respiratory distress, collapse, and in serious cases left untreated, even death, which may occur within minutes, or even seconds, I should contact the local veterinary emergency clinic immediately for instructions.

Should my animal(s) become ill or injured due to vaccines or services, I will not hold The Humane Society of Ventura County, its affiliates, or employees responsible. I understand I may be referred to a veterinary emergency hospital and am aware that this will be my own financial responsibility. I understand that the staff veterinarian does not perform a full and complete exam of my animal(s). I am declaring that my animal(s) is/are healthy. A comprehensive exam should be performed yearly at my local Veterinarian. I understand that, although the incidence is small, participating in the Humane Society of Ventura County vaccination clinic can result in injury to my animal(s) or myself, including but not limited to a bite incident. In the event of a bite, the Ventura County Animal Services will be contacted and my animal(s) will need to be held for a rabies quarantine. I assume all risks associated with participating in this program. I hereby release The Humane Society of Ventura County, all veterinarians, assistants, volunteers, directors, and employees from any and all claims arising out of, or connected with, the performance of this procedure or any adverse reactions from vaccinations. Owner/agent hereby agrees to indemnify and hold The Humane Society of Ventura County harmless for any damages caused by any unforeseeable events including fire, vandalism, burglary, extreme weather, or natural disasters.

**I HAVE READ & UNDERSTOOD THE CONDITIONS LISTED ABOVE, ALL QUESTIONS HAVE BEEN ANSWERED TO MY SATISFACTION:**

OWNER SIGNATURE (must be 18 yrs of age or older)

DATE

### Services Requested Today:

#### Feline (cat) Services

(place stickers here)

<input type="checkbox"/> Rabies	<input type="checkbox"/> 1yr	<input type="checkbox"/> 3yr	\$5	_____
<input type="checkbox"/> FVRCP	<input type="checkbox"/> 3wk	<input type="checkbox"/> 1yr	\$15	_____

<input type="checkbox"/> Deworming	_____ cc	\$5	_____
<input type="checkbox"/> Microchip		\$25	_____

#### Canine (dog) Services

<input type="checkbox"/> Rabies	<input type="checkbox"/> 1yr	<input type="checkbox"/> 3yr	\$5	_____
<input type="checkbox"/> DHPP	<input type="checkbox"/> 3wk	<input type="checkbox"/> 1yr	\$15	_____
<input type="checkbox"/> Bordetella IN			\$15	_____
<input type="checkbox"/> Deworming	_____ cc	\$5	_____	
<input type="checkbox"/> Microchip		\$25	_____	

Would you like to make a donation to HSVC Cares, providing preventative services in low-income communities? ☐ Yes \$ \_\_\_\_\_ ☐ No