

## Authorization of Vaccination

Owner's Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Pet's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

TYPE: DOG: \_\_\_\_\_ CAT: \_\_\_\_\_ BREED: \_\_\_\_\_

AGE: \_\_\_\_\_ YEARS OR MONTH COLOR: \_\_\_\_\_  MALE  FEMALE

\*My pet has no recent incidences of coughing, sneezing, vomiting, runny eyes or diarrhea. To the best of my knowledge my pet has no known allergies to vaccines. I understand that the vaccine used meets the highest quality standards and is approved to be administered in the county, state and country herein. I understand that a vaccine reaction is possible.

\*Owner/ Agent releases veterinarian and staff of any and all liability involving reaction, illness, injury or damage arising as a result of a vaccination or attending this vaccination clinic.

\*Owner understands that the veterinarian may refuse to administer the vaccine (s) to any animal for any reason whatsoever.

\*Notice pursuant to section 2606.4(a) (I). California Code: The Rabies Vaccination Certificate must be valid for the entire licensing period.

\*A Rabies Vaccine is valid for one (1) year if it's the first Rabies vaccination ever administered to the pet, regardless of age, or if the pet is under (1) year old. A Rabies vaccination is valid for three (3) years if the pet is over one (1) year old with proof of prior City or county licensing in California or proof of prior Rabies vaccination by a California licensed veterinarian.

\*Other vaccine boosters may be required according to the manufacture of the vaccine, please consult with your veterinarian to discuss the vaccines which would be most beneficial to your pet and the boosters that are recommended.

\*If my pet shows any signs of a reaction to the vaccine (s) immediately following injection, I will advise the attending clinic veterinarian immediately and follow the veterinarian's advice. If my pet shows any signs of illness following vaccination I will take my pet to a Full Service Veterinarian or a 24 hour emergency veterinarian, a few that I am aware of are:

Lake Elsinore Animal Hospital, 951-674-9392, 31577 Canyon Estates Dr. #115, Lake Elsinore, CA 92532

California Veterinary Specialists, 951-600-9803, 25100 Hancock Ave., #116, Murrieta 92562

Angel Care Pet Hospital, 951-679-7755, 33050 Antelope Rd. #212, Murrieta 92562

I have read, received a copy, understand the above statements and instructions. I declare that I am the owner and/or agent on behalf of the owner and I am over 18 years old. You may proceed with the vaccination and administration of the items selected below.

**\*\*\* All Rabies Vaccines are required by law to be reported to the appropriate local animal control authority. It is the pet owner's responsibility to license the above named pet within the city that the pet resides in. \*\*\***

X: \_\_\_\_\_ Date: \_\_\_\_\_

Please check the boxes below with the vaccines you wish to receive:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> \$6.00 Rabies (Dog or Cat)<br>(4 months or older) | <input type="checkbox"/> \$15.00 Rattlesnake (Dog)<br>(4 months or older) | <input type="checkbox"/> \$20.00 Microchip                                |
| <input type="checkbox"/> \$12.00 Bordetella (Dog)<br>(8 weeks or older)    | <input type="checkbox"/> \$18.00 DA2PPC (Dog)<br>(6 weeks or older)       | <input type="checkbox"/> \$10.00 RHCP (FVRCP) (Cat)<br>(6 weeks or older) |
| <input type="checkbox"/> \$10.00 Oral Dewormer<br>plus tax                 | <input type="checkbox"/> \$18.00 Lyme (Dog)<br>(3 months or older)        | <input type="checkbox"/> \$15.00 Leukemia (Cat)<br>(8 weeks or older)     |
| <input type="checkbox"/> \$15.00 Tapeworm Dewormer                         | <input type="checkbox"/> \$10.00 plus tax<br>Flea/Tick Medication         | <input type="checkbox"/> \$25.00 FIV-FeLV Test                            |

Total of items selected: \_\_\_\_\_ Total Price \$ \_\_\_\_\_