



Animal Friends of the Valleys Spay/Neuter/Vaccine Clinic
29001 Bastron Ave, Lake Elsinore, CA 92530
951-674-7729

Authorization of Vaccination and Services

Owner's Name: _____ **Last Name:** _____ **Pet's Name:** _____

Address: _____ **Apt #:** _____ **City:** _____ **State:** _____ **Zip:** _____

Home Phone: _____ **Cell Phone:** _____

TYPE: DOG: _____ **CAT:** _____ **BREED:** _____

AGE: _____ **YEARS / 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 clinic staff may refuse to administer any 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 our staff to discuss the vaccines which would be most beneficial for your pet and the boosters that are recommended.

* If my pet shows any signs of illness or reaction following vaccination I will take my pet to a Full Service Veterinarian or a 24 hour emergency veterinarian.

I have read and 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 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:

DOG

CAT

DOG & CAT

- Rabies \$6.00
- DA2PPV (Distemper/Parvo) \$18.00
- Bordetella (Kennel Cough) \$12.00
- Rattlesnake \$15.00
- Lyme \$18.00
- 30 day topical Flea Treatment \$10.00 tx
- Bravecto – Oral (6mo or older – Over 4.4lbs)

- Rabies \$6.00
- FVRCP \$10.00
- Leukemia \$15.00
- FeLV/FIV test \$25.00
- 30 day topical Flea Treatment \$8.00 tx

- Oral Dewormer \$10.00
- Tapeworm Injection \$15.00
- Microchip \$20.00

Total # of services _____