

# Vaccine Clinic Check In (May be filled electronically or printed, hand filled, scanned or photographed)

Client Name: \_\_\_\_\_ Primary Phone number: \_\_\_\_\_

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

**\*\*New Clients or New Pets please fill out "New Client Information Sheet" as well\*\***

## **Authorization to Provide Care:**

I am the owner or duly authorized agent for the owner of the pet described above. I hereby authorize and direct the veterinarians of Kyle Animal Hospital or their assistants to perform vaccination(s) as I request below. I understand that there is a risk of complications, including death, for any procedure that may be performed, including basic vaccinations. I understand that there will be no guarantees as to the results, effectiveness, or accuracy of any vaccination, procedure, medication, therapy, or test.

**I understand that I am presenting the listed pet(s) for "Vaccine Clinic Only" basic wellness care as I request.** I do certify that my pet is in good general health, has no known health problems and has not been known to be aggressive. I do certify that my pet has never had an adverse reaction to a vaccination. **I understand that this visit does not include consultation on vaccine selection, wellness care, or exam for any other issues than establishing general health for vaccine/wellness care services I request.** I understand that many other issues exist that are not covered with this vaccine visit; some of these may be severe and may adversely impact human health as well. I understand that I have the opportunity for these and other issues to be addressed during a regular office visit during regular office hours.

I have been informed of the risks, and understand that the risks cannot be fully covered at a vaccine clinic type visit. I understand that I have opportunity to further investigate additional risks, (vaccine associated and otherwise) to my pet prior to these procedures. I accept full responsibility, financial and otherwise, for treatment of my pet in the event of an adverse event associated with these procedures. I hereby waive the recommendation for a regular office visit/consultation/comprehensive examination, and give my informed consent for the doctors and staff at Kyle Animal Hospital to proceed with the procedures in absence of such an office call/consultation.

I understand that the duration of the vaccine immunity will be decided at the sole discretion of the veterinarians at Kyle Animal Hospital, and that in general a 3 year license for Rabies will only be given if my pet has been previously vaccinated at Kyle Animal Hospital.

As allowed by state law Kyle Animal Hospital does allow medical and pet history information to be accessed by outside parties for the purposes of facilitating medical care and other reasons related to facilitating medical care and general business operations. By authorizing care for your pet(s), you agree that we are not responsible for misuse by or failure of third parties to protect this information.

I furthermore understand that Kyle Animal Hospital has master information and authorization forms that go into greater detail in the office and posted online. My signature below certifies that I have read or have had the opportunity to read these forms as well, namely Kyle Animal Hospital's Information for Vaccination and Wellness Care. I understand that I am entitled to a hard copy of all appropriate information upon request, and that I have the opportunity to seek further clarification regarding the natures and risks of all procedures before authorization.

Kyle Animal Hospital recommends annual wellness visits, certain vaccines, and regular parasite prevention (heartworm, intestinal parasite, flea, etc.) for all pets for the protection of the pet, client, and family. I also understand that administration of certain heartworm prevention medications, in the presence of heartworm disease, can lead to potentially fatal reactions. I do understand that heartworm preventive medications are not 100% effective, and that increasing cases of resistance to heartworm preventive medications has been noted.

I understand that the manufacturers and Kyle Animal Hospital recommend at least annual heartworm testing of all dogs and most cats, and re-testing any time they have been off prevention for more than 5 months. I further understand that Kyle Animal Hospital considers heartworm prevention to be of the utmost importance for dogs and does not absolutely require a test before prescribing heartworm prevention-instead preferring to leave it to an informed owner's discretion and consent.

I understand the potentially fatal consequences to my dog if heartworm disease is undiagnosed and/or if heartworm prevention is restarted in the presence of heartworm disease, and that cases of heartworm disease are reported in dogs even though they are current on heartworm prevention. I also understand that any guarantees from the manufacturer may not be in effect in absence of an annual heartworm test.

I do understand that I have the option to decline the recommendations for a heartworm test, and that I accept the consequences of not testing my dog for heartworm disease prior to restarting or continuing heartworm prevention should I waive testing.

My preferred method of payment is: \_\_\_\_\_ (Cash, check, CareCredit, MC/V, Amex, Debit, Discover)

\_\_\_\_\_  
Signature if supported by reader

\_\_\_\_\_  
Printed Name if signature not supported  
by reader

\_\_\_\_\_  
Date

**Special note for pets under 6 months or over 8 years of age:** Kyle Animal Hospital will vaccinate your pediatric or geriatric pet through this vaccine clinic, but we HIGHLY RECOMMEND these pets be seen through our regular office call/examination hours instead. We will be happy to schedule a regular office call so that we will have the time to consult with you on the additional special needs of pediatric and geriatric pets.