

# -CSRA LIFE SAVER FELINE CONSENT FORM

[Cht #: \_\_\_\_\_ Chk In: Y / N]

Owner's Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/State/ZIP Code \_\_\_\_\_  
 Phone Number \_\_\_\_\_  
 Email Address \_\_\_\_\_

**New Client? Yes or No**

**New Pet? Yes or No**

Cat Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Age: \_\_\_\_\_ Color: \_\_\_\_\_ Sex: Male or Female

**Is your pet aggressive? YES / NO - Prone to bite? YES / NO**

Where did you hear about Life Saver? (Circle One) Friend Family Vet Office Facebook Other \_\_\_\_\_

**Circle YES or NO for the following:**

Is your pet fixed?: **Yes or No**

Is your pet currently in heat/pregnant?: **Yes or No**

Is your pet already microchipped?: **Yes or No**

Has your pet ever had an **adverse reaction to vaccines or are they being treated by a full service vet for any other illnesses** that

you are aware of?: **Yes or No**

**\*\*IF SO, VACCINES CAN BE FATAL\*\***

**Today my cat needs the following (check all that apply):**

- Physical Exam**
- Rabies (4 months or older; required by law)**
- FVRCP (upper respiratory vaccines)**
- Feline AIDS/Leukemia Test** (Recommended 12 weeks & older)
- Microchip**
- Leukemia Vaccine (Recommend test first)
- Fecal Exam
- Dewormer or Tapeworm Dewormer
- Ear Parasite Exam
- Ear Cleaning
- Nail Trim (Doctors discretion during busy times)
- Flea & Tick Prevention: Yes or No Advantage Multi Seresto Collar** How many months would you like: \_\_\_\_\_

**Product:** \_\_\_\_\_

Miscellaneous: \_\_\_\_\_

I hereby acknowledge that I am giving CSRA LIFE SAVER my consent to give the following vaccines to my cat. I understand that my pet may be exposed to the diseases described above. 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. 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 do understand that a veterinarian may or may not be examining my pet today and give my consent for a properly trained tech to administer the vaccines.

**TODAY I WILL BE PAYING WITH (Circle One):**

**CASH**

**CARD**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Veterinarian Use Only Beyond This Point**

**E D BM**

|  |   |   |  |
|--|---|---|--|
| Heart:<br><input type="checkbox"/> Normal<br><input type="checkbox"/> Abnormal<br>Notes: _____ | Teeth:<br><input type="checkbox"/> Normal<br><input type="checkbox"/> Tartar build up<br>Notes: _____   | Eyes:<br><input type="checkbox"/> Normal<br><input type="checkbox"/> Abnormal<br>Notes: _____ | Weight: _____<br>BCS: /9<br>Ideal:<br>Temp: _____<br>Microchip?<br>Y N<br>Chip # _____   |
| Ears:<br><input type="checkbox"/> Clean<br><input type="checkbox"/> Dirty<br>Notes: _____      | Palpation:<br><input type="checkbox"/> Normal<br><input type="checkbox"/> Abnormal<br><input type="checkbox"/> Both testicles descended<br>Notes: _____ | Skin:<br><input type="checkbox"/> Normal<br><input type="checkbox"/> Abnormal<br>Notes: _____ | <input type="checkbox"/> Recommend FSV for treatment on above noted observations<br><input type="checkbox"/> <b>Booster in 3 weeks</b> |