

CSRA LIFE SAVER FELINE CONSENT FORM

[Cht #: _____ Chk In: Y / N]

Owner's Name _____
 Address _____
 City/State/ZIP Code _____
 Phone Number _____

New Client? Yes or No

Cat Name: _____ Breed: _____ Age: _____ Color: _____ Sex: Male or Female

Is your pet aggressive? YES/NO - Prone to bite? YES / NO Date of Birth (if known): _____

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**

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

- Physical Exam
- Rabies (4 months or older; required by law)
- FVRCP (upper respiratory vaccines/"kitten shot")
- Feline AIDS/Leukemia Test (Recommended 12 weeks & older)
- Leukemia Vaccine (Recommend test first)
- Dewormer or Tapeworm Dewormer
- Flea & Tick Prevention:** Yes or No

Product: _____

Office Use Only:

E: **Current?** Y/N **Declined?** Y/N
 R: **Current?** Y/N **Declined?** Y/N
 Tag #: _____
 F: **Current?** Y/N **Declined?** Y/N
 Lk: **Current?** Y/N **Declined?** Y/N
 Leuk Test: **Current?** Y/N
 Declined? Y/N

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

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