

-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

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: _____

<u>Office Use Only:</u>	
E: <u>Current?</u> Y/N	<u>Declined?</u> Y/N
R: <u>Current?</u> Y/N	<u>Declined?</u> Y/N
Tag #: _____	
F: <u>Current?</u> Y/N	<u>Declined?</u> Y/N
Lk: <u>Current?</u> Y/N	<u>Declined?</u> Y/N
Leuk Test: <u>Current?</u> Y/N	<u>Declined?</u> 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

E D BM

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