

CSRA LIFE SAVER CANINE CONSENT FORM

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

Owner's Name _____
Address _____
City/State/ZIP Code _____
Phone Number _____
Dog 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 dog needs the following (check all that apply):

- Physical Exam
- Rabies (**4 months or older; required by law**)
- DP (Distemper/Parvo)
- DHPP (Distemper/Hepatitis/Parvo/Parainfluenza)
- Bordetella (If dog goes to the groomer, gets boarded, or goes to the dog park)
- Leptospirosis (Lepto) (**12 weeks & older**)
- Lyme Disease (**12 weeks & older**)
- DE wormer or Tapeworm DE wormer
- Heartworm Test
- Heartworm Prevention: Yes or No
- Flea & Tick Prevention: Yes or No

Office Use Only:

E: Current? Y/N Declined? Y/N
R: Current? Y/N Declined? Y/N
Tag #: _____
B: Current? Y/N Declined? Y/N
D: Current? Y/N Declined? Y/N
Heartworm Test: Current? Y/N
 Declined? Y/N

Lepto: Current? Y/N Declined? Y/N
Lyme: 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 dog. 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

