CSRA LIFE SAVER CANINE CONSENT FORM [Cht #: _____ Chk In: Y / N]

Owner's Name _____
Address _____ **New Client? Yes or No**
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 you 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)
- ☐ DHPP (Distemper/Parvo combo shot/"puppy shot")
- ☐ 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)
- ☐ Dewormer or Tapeworm Dewormer
- ☐ Heartworm Test
- ☐ Heartworm/Flea & Tick Prevention: Yes or No

Miscellaneous: _____

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

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