CSRA LIFE SAVER CANINE CONSENT FORM

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

Owner's Name _____

Address _____ **New Client? Yes or No**

City/State/ZIP Code _____ New Pet? Yes or No

Telephone Number_____

Email Address _____

Dog Name _____ Breed _____ Age ____ Color _____ Sex: Male or Female

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

****Is your animal taking* Zenrelia or **ilunocitinib**? Yes or No ** Vaccines can be fatal **

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**

Office Use Only:

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

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

- ☐ **Physical Exam**
- ☐ **Rabies (1 year) (4 months or older; (REQUIRED BY LAW)**
- ☐ DP (Distemper/Parvo) Young Puppies or Elderly
- ☐ **DHPP (Distemper/Hepatitis/Parvo/Parainfluenza)**
- ☐ **Bordetella (Kennel Cough - If dog goes to the groomer, gets boarded, or dog park)**
- ☐ Leptospirosis ***(Lepto) (12 weeks & older)***
- ☐ Lyme Disease (Exposed to Ticks) ***(12 weeks & older)***
- ☐ Dewormer or Tapeworm Dewormer
- ☐ Ear Cleaning
- ☐ Fecal Exam
- ☐ Express Anal Glands
- ☐ **Heartworm Test**
- ☐ **Microchip**
- ☐ Nail Trim (Doctors discretion during busy times)
- ☐ **Heartworm Prevention: Yes or No Heartgard or Trifexis. How many months would you like:_____**
- ☐ **Flea & Tick Prevention: Yes or No NexGard Seresto Collar How many months would you like: _____**

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

E_____ D BM_____

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**