

# CSRA LIFE SAVER VACCINE CONSENT FORM

## KITTEN (LITTERS) CONSENT FORM [Cht #: \_\_\_\_\_ Chk In: Y / N]

Owner's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/ZIP: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Number of Kittens in Litter: \_\_\_\_ Breed: \_\_\_\_\_ Age: \_\_\_\_\_  
Date of Birth (if known): \_\_\_\_\_  
Are any of the pets aggressive? YES/NO – Prone to bite? YES/NO

### In the last 24-48 hrs have any of the kittens experienced (check all that apply):

Vomiting       Lethargy       Diarrhea

Are all kittens eating and drinking normally? (circle one): Yes or No

### Today we are here for (check all that apply):

Physical exam       FVRCP (Upper Respiratory "Kitten Shot")       Dewormer  
*Shot # \_\_\_\_\_ in the series*

I hereby acknowledge that I am giving CSRA LIFE SAVER my consent to give the following vaccines to my cat. 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 or Card

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Veterinarian Use Only Beyond This Point**

<p><b>Kitten #1:</b> ( Male / Female )</p> <p>Color: _____</p> <p>Weight: _____ Temp: _____</p> <p><input type="checkbox"/> FVRCP</p> <p><input type="checkbox"/> Dewormer _____</p> <p>Notes:</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p><b>Kitten #2:</b> ( Male / Female )</p> <p>Color: _____</p> <p>Weight: _____ Temp: _____</p> <p><input type="checkbox"/> FVRCP</p> <p><input type="checkbox"/> Dewormer _____</p> <p>Notes:</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p><b>Kitten #3:</b> ( Male / Female )</p> <p>Color: _____</p> <p>Weight: _____ Temp: _____</p> <p><input type="checkbox"/> FVRCP</p> <p><input type="checkbox"/> Dewormer _____</p> <p>Notes:</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p><b>Kitten #4:</b> ( Male / Female )</p> <p>Color: _____</p> <p>Weight: _____ Temp: _____</p> <p><input type="checkbox"/> FVRCP</p> <p><input type="checkbox"/> Dewormer _____</p> <p>Notes:</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p><b>Kitten #5:</b> ( Male / Female )</p> <p>Color: _____</p> <p>Weight: _____ Temp: _____</p> <p><input type="checkbox"/> FVRCP</p> <p><input type="checkbox"/> Dewormer _____</p> <p>Notes:</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p><b>Kitten #6:</b> ( Male / Female )</p> <p>Color: _____</p> <p>Weight: _____ Temp: _____</p> <p><input type="checkbox"/> FVRCP</p> <p><input type="checkbox"/> Dewormer _____</p> <p>Notes:</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p><b>Kitten #7:</b> ( Male / Female )</p> <p>Color: _____</p> <p>Weight: _____ Temp: _____</p> <p><input type="checkbox"/> FVRCP</p> <p><input type="checkbox"/> Dewormer _____</p> <p>Notes:</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p><b>Kitten #8:</b> ( Male / Female )</p> <p>Color: _____</p> <p>Weight: _____ Temp: _____</p> <p><input type="checkbox"/> FVRCP</p> <p><input type="checkbox"/> Dewormer _____</p> <p>Notes:</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p><b>Kitten #9:</b> ( Male / Female )</p> <p>Color: _____</p> <p>Weight: _____ Temp: _____</p> <p><input type="checkbox"/> FVRCP</p> <p><input type="checkbox"/> Dewormer _____</p> <p>Notes:</p> <p>_____</p> <p>_____</p> <p>_____</p>

**Kitten #10:** ( Male / Female )

Color: \_\_\_\_\_

Weight: \_\_\_\_\_ Temp: \_\_\_\_\_

FVRCP

Dewormer \_\_\_\_\_

Notes:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Kitten #11:** ( Male / Female )

Color: \_\_\_\_\_

Weight: \_\_\_\_\_ Temp: \_\_\_\_\_

FVRCP

Dewormer \_\_\_\_\_

Notes:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Kitten #12:** ( Male / Female )

Color: \_\_\_\_\_

Weight: \_\_\_\_\_ Temp: \_\_\_\_\_

FVRCP

Dewormer \_\_\_\_\_

Notes:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_