CSRA LIFE SAVER KITTEN CONSENT FORM

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

Owner's Name _____

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

City/State/ZIP Code _____

Phone Number _____

Kitten 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 kitten eating and drinking normally? **Yes or No**
Is your pet fixed?: **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**

In the past 24-48 hours has your kitten experienced any of the following (check all that apply):

- ☐ *Vomiting*
- ☐ *Lethargy*
- ☐ *Diarrhea*

Office Use Only:

E: Current? Y/N Declined? Y/N
R: Current? Y/N Declined? Y/N
Tag #: _____
F: Current? Y/N Declined? Y/N
Leuk: Current? Y/N Declined? Y/N
Leuk Test: Current? Y/N
Declined? Y/N

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

- ☐ Physical Exam
- ☐ Rabies (4 months or older; required by law)
- ☐ FVRCP Vaccine ("Upper Respiratory – "kitten shot")
- ☐ Leukemia Vaccine (If tested and results are negative)
- ☐ Dewormer or Tapeworm Dewormer
- ☐ FIV/FLK Test (12 weeks or older)
- ☐ ***Flea Prevention:*** Yes or No

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

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**