

CSRA LIFE SAVER VACCINE CONSENT FORM

PUPPY - LITTERS

Owner's Name: _____

Address: _____

City/State/ZIP: _____

Phone Number: _____

Number of Puppies in Litter: ____ Breed: _____ Age: _____

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

Vomiting Lethargy Diarrhea

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

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

Physical exam DHPP (Distemper/Parvo; "Puppy Shot") Dewormer

I hereby acknowledge that I am giving CSRA LIFE SAVER my consent to give the following vaccines to my dog. 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: _____

Veterinary Use Only Beyond This Point

<p>Puppy #1: (Male / Female)</p> <p>Color: _____</p> <p>Weight: _____ Temp: _____</p> <p><input type="checkbox"/> DHPP</p> <p><input type="checkbox"/> Dewormer _____</p> <p>Notes:</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Puppy #2: (Male / Female)</p> <p>Color: _____</p> <p>Weight: _____ Temp: _____</p> <p><input type="checkbox"/> DHPP</p> <p><input type="checkbox"/> Dewormer _____</p> <p>Notes:</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Puppy #3: (Male / Female)</p> <p>Color: _____</p> <p>Weight: _____ Temp: _____</p> <p><input type="checkbox"/> DHPP</p> <p><input type="checkbox"/> Dewormer _____</p> <p>Notes:</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>Puppy #4: (Male / Female)</p> <p>Color: _____</p> <p>Weight: _____ Temp: _____</p> <p><input type="checkbox"/> DHPP</p> <p><input type="checkbox"/> Dewormer _____</p> <p>Notes:</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Puppy #5: (Male / Female)</p> <p>Color: _____</p> <p>Weight: _____ Temp: _____</p> <p><input type="checkbox"/> DHPP</p> <p><input type="checkbox"/> Dewormer _____</p> <p>Notes:</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Puppy #6: (Male / Female)</p> <p>Color: _____</p> <p>Weight: _____ Temp: _____</p> <p><input type="checkbox"/> DHPP</p> <p><input type="checkbox"/> Dewormer _____</p> <p>Notes:</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>Puppy #7: (Male / Female)</p> <p>Color: _____</p> <p>Weight: _____ Temp: _____</p> <p><input type="checkbox"/> DHPP</p> <p><input type="checkbox"/> Dewormer _____</p> <p>Notes:</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Puppy #8: (Male / Female)</p> <p>Color: _____</p> <p>Weight: _____ Temp: _____</p> <p><input type="checkbox"/> DHPP</p> <p><input type="checkbox"/> Dewormer _____</p> <p>Notes:</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Puppy #9: (Male / Female)</p> <p>Color: _____</p> <p>Weight: _____ Temp: _____</p> <p><input type="checkbox"/> DHPP</p> <p><input type="checkbox"/> Dewormer _____</p> <p>Notes:</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>Puppy #10: (Male / Female)</p> <p>Color: _____</p> <p>Weight: _____ Temp: _____</p> <p><input type="checkbox"/> DHPP</p> <p><input type="checkbox"/> Dewormer _____</p> <p>Notes:</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Puppy #11: (Male / Female)</p> <p>Color: _____</p> <p>Weight: _____ Temp: _____</p> <p><input type="checkbox"/> DHPP</p> <p><input type="checkbox"/> Dewormer _____</p> <p>Notes:</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Puppy #12: (Male / Female)</p> <p>Color: _____</p> <p>Weight: _____ Temp: _____</p> <p><input type="checkbox"/> DHPP</p> <p><input type="checkbox"/> Dewormer _____</p> <p>Notes:</p> <p>_____</p> <p>_____</p> <p>_____</p>