

CSRA LIFE SAVER PUPPY CONSENT FORM

Owner's Name _____
 Address _____
 City/State/ZIP Code _____
 Phone Number _____
 Dog Name: _____ Breed: _____ Age: _____ Color: _____ Sex: Male or Female
 Date of Birth: _____

New Client? Yes or No

Circle YES or NO for the following:

Is your puppy 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 puppy experienced any of the following (check all that apply):

- Vomiting
- Lethargy
- Diarrhea

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

- Physical Exam
- Physical Exam – Px Included
- 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)
- Dewormer or Tapeworm Dewormer
- Heartworm Test
- Heartworm/Flea & Tick Prevention:** Yes or No

Product: _____

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:** _____

Veterinary Use Only Beyond This Point

<p>Heart:</p> <p><input type="checkbox"/> Normal</p> <p><input type="checkbox"/> Abnormal</p> <p>Notes: _____</p>	<p>Teeth:</p> <p><input type="checkbox"/> Normal</p> <p><input type="checkbox"/> Tartar build up</p> <p>Notes: _____</p>	<p>Eyes:</p> <p><input type="checkbox"/> Normal</p> <p><input type="checkbox"/> Abnormal</p> <p>Notes: _____</p>	<p>Weight: _____</p> <p>BCS: /9</p> <p>Ideal:</p> <p>Temp: _____</p> <p>Microchip?</p> <p>Y N</p>
<p>Ears:</p> <p><input type="checkbox"/> Clean</p> <p><input type="checkbox"/> Dirty</p> <p>Notes: _____</p>	<p>Palpation:</p> <p><input type="checkbox"/> Normal</p> <p><input type="checkbox"/> Abnormal</p> <p><input type="checkbox"/> Both testicles descended</p> <p>Notes: _____</p>	<p>Skin:</p> <p><input type="checkbox"/> Normal</p> <p><input type="checkbox"/> Abnormal</p> <p>Notes: _____</p>	<p><input type="checkbox"/> Recommend FSV for treatment on above noted observations</p> <p><input type="checkbox"/> Booster in 3 weeks</p>