

# CSRA LIFE SAVER PUPPY CONSENT FORM

[Cht #: \_\_\_\_\_ Chk In: Y / N]

Owner's Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/State/ZIP Code \_\_\_\_\_  
 Phone Number \_\_\_\_\_

**New Client? Yes or No**

Dog 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 puppy eating and drinking normally? **Yes or No**

Is you 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
- 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)
- Leptospirosis (12 weeks & older)
- Lyme Disease (12 weeks & older)
- 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:** \_\_\_\_\_

**Veterinarian Use Only Beyond This Point**

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