

# Vaccine Clinic Reservation Application

Owner's Name \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Street City Zip Code

Pet's Name \_\_\_\_\_ Age yrs \_\_\_\_\_ mos \_\_\_\_\_ wks \_\_\_\_\_ Female  Male  Intact  Neutered/Spayed

Breed \_\_\_\_\_ Color(s) \_\_\_\_\_

Approximate Weight: < 4 lbs  4-10 lbs  10.1-24 lbs  24.1-60  60.1-121  >121 lbs

Microchip # \_\_\_\_\_ Pet License # \_\_\_\_\_

- **CLINIC LOCATION & DATE** for which you are requesting an appointment: \_\_\_\_\_
- **Would you like this reservation to include any puppy/kitten boosters needed the following month?** Yes  No
- **Please tell us how you heard about our clinic:** City/County Website  HEART Website  FaceBook   
Patch/Local Advertisement  Other  (Describe) \_\_\_\_\_

- Is your pet friendly to strangers? Yes  No
  - Is your pet ever fearful of strangers? Yes  No
  - Is there a possibility that your pet may be pregnant? Yes  No
  - Is your pet nursing any puppies or kittens? Yes  No
  - Has your pet given birth to a puppy or kitten within the past 4 weeks? Yes  No
  - Have you seen any worms in your pet's stool? Yes  No
  - Does your pet scoot its rear end on the ground? Yes  No
  - Has your pet been bitten by another animal within the past 30 days? Yes  No
  - Has your pet bitten a person within the past 30 days? Yes  No
  - Has your pet ever had a seizure? Yes  No
  - Has your pet ever experienced a reaction to a vaccine?  
(Other than lethargy or soreness) Yes  No
  - Has your pet experienced any of the following symptoms or shown other signs of illness or injury within the past 2 weeks? (If so, check all that apply): Yes  No
- Sneezing  Coughing  Vomiting  Diarrhea  Constipation   
Loss of Appetite  Weight Loss  Weight Gain  Other  (Describe symptoms): \_\_\_\_\_

## SERVICES / PRODUCTS REQUESTED

(Please check all that apply)

### DOGS

- Rabies Vaccine \$7
- DHPP (DA2PP) Vaccine \$23
- Oral Bordetella Vaccine \$18
- Lyme Vaccine \$25
- Microchip (includes lifetime registration) \$30
- Nail Trim \$12
- Anal Gland Expression \$10
- Roundworm De-Worming - 2 doses \$30   
(1 dose administered & 1 sent home)
- Tapeworm De-Worming - 2 doses \$30 - \$80   
(1 dose administered & 1 dose sent home - price depends on wt)
- NexGard -3 mo supply (all weights/sizes) \$54   
(Chewable Flea & Tick Control Medication) (if available)

### CATS

- Purevax Rabies 1 yr Vaccine \$23
- Purevax Rabies 3 yr Vaccine \$49
- FVRCP Vaccine \$23
- FeLV Vaccine \$25
- Microchip (includes chip registration) \$30
- Nail Trim \$12
- Anal Gland Expression \$10
- Roundworm De-Worming - 2 doses \$30   
(1 dose administered & 1 sent home)
- Tapeworm De-Worming - 2 doses \$30   
(1 dose administered & 1 sent home)
- Centragard - 1 dose administered \$20   
(Topical Roundworm & Tapeworm De-wormer) (if available)

• \$3 Haz Mat Disposal Fee for each pet and \$3 Convenience Fee for each credit card payment will be added to the total amount of your transaction.

## Agreement, Release & Waiver

I certify and declare that the above information is true and correct to the best of my knowledge, that I am at least 18 years of age, and that I am the legal owner of the above-described pet or have been authorized to act on behalf of pet owner in his/her absence to obtain medical care and/or other services for said pet.

I authorize medical care for said pet, including, but not limited to, vaccines, de-worming, microchipping, and/or other healthcare services to be administered/rendered to my pet by HEART, now and/or at any time in the future, and I hold HEART and its staff free and harmless from any and all liability regarding said services.

I understand that I am responsible to pay, in advance, for all services & products provided to or for the above-described pet and that said payment is non-refundable if I do not show up at the time of my reservation. If I cancel my appointment via written notification to HEART no later than 48 hours prior to my scheduled reservation, I will be entitled to receive a credit in the amount of my payment to use for the same pet and for the exact same services/products at any upcoming scheduled public low-cost clinic held by HEART within six (6) months from the date I sign this document. There will be no other refunds/credits.

I understand that I will receive a copy of my pet's vaccine certificate ("Certificate of Vaccination & Wellness Care") at the time of the clinic and that it is my responsibility to maintain that copy for my own records and use and that HEART will not provide a duplicate copy of the certificate in the event it is lost, misplaced, or destroyed.

I understand that the "Terms & Conditions" set forth below reflects the verbiage contained on the reverse side of the "Certificate of Vaccination & Wellness Care" and per my signature and date below, I attest that I have read, understood, and agree to the all terms and conditions contained in this two-page document and that I am not under duress while signing this document, and do so sign of my own free will.

### Terms & Conditions

- I declare that I am the owner, legally authorized representative of owner, or caretaker of the pet described on the reverse side of this document, that I am at least 18 years of age and as such, I authorize the administration of vaccines, de-wormings, microchipping, and/or other pet healthcare services to/for said pet. To the best of my knowledge, the pet described on the reverse side of this document IS NOT PREGNANT and HAS NEVER HAD AN ALLERGIC OR ADVERSE REACTION TO A VACCINE.
- I understand: that pregnant and/or lactating animals cannot be vaccinated; that in order to have my pet vaccinated, it must be healthy and have had no incidence of coughing, sneezing, vomiting, runny eyes, or diarrhea within the past two weeks; that if my pet shows any sign of a reaction to any vaccine administered, I should advise the attending clinic veterinarian immediately; that if my pet shows any sign of illness or lethargy within the first 48 hours following vaccination, I should contact a veterinarian; that the vaccines used meet the high quality standards of the USDA, however, a vaccine reaction is always possible; that HEART's staff may refuse to administer vaccines or provide other care to any animal which cannot be controlled or which may have a medical condition which might compromise the safety, health, or welfare of that animal if vaccinated or pose a danger to HEART staff; that HEART only maintains copies of pet medical records for three years; that I will receive a copy of this Certificate of Vaccination and shall be responsible to keep it for my records; that if a duplicate copy is issued per my request, there will be a fee to obtain that copy.
- I give my permission for photos and/or video tape recordings to be taken of my pet, me, and/or my family to be used by HEART for publicity or other purposes and understand that I will not receive any compensation for the use of such photos or video tape recordings.
- I agree that if any injury, damage, or loss occurs to or is sustained by me, my minor child, and/or the pet described on this Certificate while attending any HEART clinic or event or at any time the pet is being handled by HEART staff, I will make no claims against HEART, its elected & appointed board and commissions, heirs, staff, employees, officers, agents, representatives, independent contractors, affiliates, partners, volunteers, departments of animal services and their respective jurisdictional cities and counties, and I agree to hold those entities and individuals free and harmless from any and all liability involving any reaction, illness, injury, damage or other loss which I, my minor child, and/or my pet may sustain or incur as a result of any treatment, care, service, or handling of my pet while attending today's clinic or any clinic or other event held, sponsored, or attended by HEART at any location at an time, now or in the future. I further agree to indemnify and hold harmless those aforementioned entities and individuals from any and all liability, claims, suits, or actions for damages of any kind, including attorneys' fees and other expenses incurred by any other person as a result of my, my child's, or my pet's actions.
- Verification that a Rabies vaccination was administered on the date this Certificate was signed is indicated by the stamped information in the respective box on the reverse side of this Certificate. Vaccine due dates and medication due dates and doses reflected on this Certificate are in compliance with manufacturer and/or regulatory agency recommendations and/or protocols and are further based on documentation/information provided by pet owner or guardian. Pursuant to California law, a Rabies vaccination must be valid for the entire licensing period. The first Rabies vaccination a pet receives is good for one year, regardless of the pet's age. The next Rabies vaccination is good for three years with valid proof that the initial Rabies vaccine was administered at least twelve months prior and no more than three years past the last due date has lapsed. Valid proof is a Rabies vaccine certificate issued by a veterinarian licensed to practice in the United States. Other vaccinations may be necessary to help protect pets from other contagious diseases based upon geographics, lifestyle, and other risk factors. Pet should initially receive a series of those vaccines in order to achieve the best immunity against certain diseases and should acquire their first boosters one year later. For the health, safety, and welfare of your pet, HEART recommends that it be spayed or neutered, microchipped, and at a minimum, receive an annual physical examination by a licensed veterinarian.

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

Dated: \_\_\_\_\_