

HUMANE SOCIETY OF BROWARD COUNTY LOW COST VACCINES FORM

Owners Name: _____

Phone Number: _____

Address: _____

City: _____ County _____ Zip: _____

Email Address _____

**Has the pet ever been here before for any services YES or NO

1. Is your pet currently taking any medication? YES NO If YES, what? _____

2. Has your pet had an allergic reaction to a vaccine, insect bite or any medication in the past? YES NO If YES, when?

3. Is your pet currently pregnant or nursing? YES NO If YES, when? _____

4. In the past month, has your pet had any of the Coughing, Sneezing, Diarrhea, Not Eating, Vomiting YES NO If YES, when? _____ Has your pet been exposed to any animal related illnesses YES, NO

5. Can your pet (dog) have peanut butter as a distraction tool while receiving vaccines? YES, NO

Does anyone in your home have a peanut allergy? YES, NO

6. Are you here today for vaccines so your pet can travel YES, NO. What are your travel dates _____?

Pet Name: _____ Color: _____ Breed: _____ Age: _____ Sex: _____ Fixed YES NO

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☐ **\$65.00 Puppy Package 1:** Vet Exam Da2pp (4-1) plus De-wormer/Heartworm Prevention

☐ **\$75.00 Puppy Package 2:** Da2pp (4-1) Intranasal Bordetella (for kennel cough) De-wormer/Heartworm Prevention

☐ **\$75.00 Puppy Last Set:** Da2pp (4-1) Rabies De-wormer/Heartworm Prevention

☐ **\$90.00 Adult Canine Package:** Da2pp (4-1) Bordetella Vaccine (for kennel cough) Rabies Vaccine (administered by vet)

☐ **\$120.00 Adult Deluxe Canine Package:** Da2pp (4-1) Bordetella Vaccine (for kennel cough) Rabies Vaccine (administered by vet) and Heartworm test (what heartworm prevention would you like to purchase? _____)

☐ **\$65.00 Kitten Package: 1** Vet Exam FVRCP Booster Vaccine De-wormer

☐ **\$65.00 Kitten Package: 2** FVRCP Booster Vaccine Flea/Deworming treatment

☐ **\$75.00 Adult Cat Package:** FVRCP Booster Vaccine Rabies Vaccine (administered by vet) plus De-wormer

☐ **\$100.00 Adult Deluxe Cat Package:** FVRCP Booster Vaccine Rabies Vaccine (administered by vet) De-wormer and FELV/FIV Test.

Individual vaccines and services

FvrCP ☐ \$30.00

Da2pp ☐ \$30.00

Bordetella ☐ \$30.00

Rabies ☐ \$30.00

Influenza ☐ \$35.00

Lepto ☐ \$35.00

Feline Leukemia ☐ \$35.00

Heartworm test only ☐ \$30.00 Microchip YES or NO \$25.00 plus tax FELV/FIV test ☐ \$30.00 Fecal test ☐ \$25.00

Would you like to purchase Heartworm prevention? ☐ Yes ☐ NO ☐ Which prevention _____

Does your pet suffer from seizures or any other neurological issue ☐ Yes ☐ No

Would you like to purchase the Broward County registration tag? ☐ Yes ☐ No (Tag is required yearly by LAW)

I am DECLINING THE RABIES REGISTRATION TAG TODAY (MUST INITIAL) _____

NOTE: There is a **\$300** fine for pets that are not vaccinated against rabies and a **\$300** fine for pets that are not registered with the County

Microchipped Cat or Dog ☐ \$25.00

Not Microchipped Cat or Dog ☐ \$55.00

- I am the owner of the above described animal and have the authority to execute this consent.
- To the best of my knowledge my animal has no diagnosed allergies to vaccines.
- My animal has had no recent occurrences of abnormal coughing, sneezing, vomiting, diarrhea or runny eyes.
- I understand that the Humane Society of Broward County uses only the highest quality of vaccines available, however a vaccine reaction is possible, yet rare.
- Should my animal become ill due to a vaccine I will not hold the Humane Society of Broward County, its affiliates or employees responsible, and agree to take my pet to my local veterinarian and assume all responsibility for any cost incurred.
- I understand that this is not a full and complete exam and for the overall health of my pet a full and complete exam should be performed yearly at my local veterinarian.
- I hereby consent and authorize the performance of the following procedure(s):
- I understand the veterinarian has the right to refuse service.

Please sign this consent form in order to proceed with services.

*****PLEASE NOTE WE DO NOT VACCINATE FOR INTERNATIONAL TRAVEL, YOU WILL NEED TAA USDA APPROVED VETERINARIAN*****

Owner Signature: _____ Date: _____

