

# HUMANE SOCIETY OF BROWARD COUNTY LOW COST VACCINES FORM

Owners Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ 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 \_\_\_\_\_?

7. Has your pet bitten anyone or other animal in the last 10 days? YES, NO , IF YES WE WOULD NOT BE ABLE TO VACCINATE

Pet Name: \_\_\_\_\_ Color: \_\_\_\_\_ Breed: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Fixed YES NO

Pet Name: \_\_\_\_\_ Color: \_\_\_\_\_ Breed: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Fixed YES NO

|   |
|---|
| <input type="radio"/> <b>\$65.00 Puppy Package 1:</b> Vet exam, DA2PP (4-1), PLUS De-wormer/Heartworm prevention  |
| <input type="radio"/> <b>\$75.00 Puppy Package 2:</b> DA2PP (4-1), Bordetella (kennel cough), De- wormer/Heartworm prevention   |
| <input type="radio"/> <b>\$75.00 Puppy Package 3:</b> DA2PP (4-1), Rabies (administered by vet) De-wormer/Heartworm prevention  |
| <input type="radio"/> <b>\$90.00 Adult Canine Package:</b> DA2PP (4-1), Bordetella (kennel cough), Rabies Vaccine (administered by vet)   |
| <input type="radio"/> <b>\$120.00 Adult Deluxe Canine Package:</b> DA2PP, Bordetella (kennel cough), Rabies vaccine (administered by vet) and Heartworm test. (what heartworm prevention would you like to purchase?) |
| <input type="radio"/> <b>\$65.00 Kitten Package 1:</b> Vet exam, FVRCP Vaccine, De- wormer  |
| <input type="radio"/> <b>\$65.00 Kitten package 2:</b> FVRCP Vaccine, De-wormer   |
|   |
| <input type="radio"/> <b>\$75.00 Adult cat Package:</b> FVRCP Vaccine, Rabies vaccine (administered by vet) de-wormer   |
| <input type="radio"/> <b>\$100.00 Adult Deluxe Cat Package:</b> FVRCP Vaccine, Rabies Vaccine (administered by vet) FELV/FIV Test, De-wormer prevention.  |

Individual vaccines and services

Fvrcp  \$30.00

Da2pp  \$30.00

Bordetella  \$30.00

Rabies  \$30.00

Influenza  \$35.00

Lepto  \$35.00

Heartworm test only  \$30.00

Microchip YES or NO \$25.00 plus tax

FELV/FIV test  \$30.00

Fecal test  \$25.00

Feline Leukemia  \$35.00

Would you like to purchase Heartworm prevention?  Yes  NO  Which prevention \_\_\_\_\_

Does your pet suffer from seizures or any other neurological issue  Yes  No? \_\_\_\_\_

Is your pet Microchipped  Yes  No? If NO would you like a microchip?

Do you have the Broward County Lifetime tag  Yes  No? If yes please write number here \_\_\_\_\_

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

Microchipped  \$30.00

Not Microchipped  \$60.00

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

- 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 services

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

**\*\*\*PLEASE NOTE WE DO NOT VACCINATE OR MICROCHIP FOR INTERNATIONAL TRAVEL, YOU WILL NEED A USDA APPROVED VETERINARIAN\*\*\***

Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_