

FELINE VACCINATION INFORMED CONSENT

Date: _____	Patient: _____
Owner: _____	Species: _____
Client No: _____	Breed: _____
Street: _____	Sex: _____ (M=male, F=female, N=neutered male, S=spayed female)
City, St., Zip: _____	Age: _____
Phone: _____	Weight: _____
	Color: _____

To assist in determining the vaccine needs of your pet, please answer the following questions.

My cat:

- Goes outdoors..... Often Seldom Never
 Goes to a groomer, boarding facility, cat shows, etc..... Often Seldom Never
 Is associated with an environment known to have a problem with Feline Leukemia... Often Seldom Never
 Is associated with an environment known to have a problem with Chlamydia..... Often Seldom Never
 Has vaccine reactions..... Yes No UnknownIf yes, to what vaccine? _____

All Caring Animal Clinic recommends the following vaccines:

Core vaccines for all cats:

Rabies Vaccine, Panleukopenia, Rhinotracheitis, Calicivirus

Cats that venture outside, even for short visits:

Feline Leukemia

Cats that go to a groomer, boarding facility, cat shows, etc:

Chlamydia psittaci Vaccine may be considered

Feline vaccines that are not currently recommended by All Caring Animal Clinic:

Feline Infectious Peritonitis Microsporium (Ringworm) Vaccine Feline Bordetella Vaccine
 Feline Immunodeficiency Virus Feline Giardia Vaccine

For each of the vaccines listed below, please indicate whether you accept or decline the vaccination for your pet and at what interval you wish the vaccines to be administered after the 2-year boosters.

	<u>Accept or Decline the Vaccine</u>	<u>Indicate Desired Frequency of Administration</u>
Rabies Vaccine (Choose One)		
(Traditional)	<input type="checkbox"/> I accept <input type="checkbox"/> I decline	<input type="checkbox"/> Annually.... <input type="checkbox"/> Every 3 years
(PureVax)	<input type="checkbox"/> I accept <input type="checkbox"/> I decline	<input type="checkbox"/> Annually (only approved for 1 year)
Panleukopenia Vaccine	<input type="checkbox"/> I accept <input type="checkbox"/> I decline	<input type="checkbox"/> Annually.... <input type="checkbox"/> Every 3 years
Rhinotracheitis Vaccine	<input type="checkbox"/> I accept <input type="checkbox"/> I decline	<input type="checkbox"/> Annually.... <input type="checkbox"/> Every 3 years
Calicivirus Vaccine	<input type="checkbox"/> I accept <input type="checkbox"/> I decline	<input type="checkbox"/> Annually.... <input type="checkbox"/> Every 3 years
Feline Leukemia Vaccine	<input type="checkbox"/> I accept <input type="checkbox"/> I decline	<input type="checkbox"/> Annually.... <input type="checkbox"/> Every 3 years

By signing below, I affirm that:

1. I understand that my pet may be exposed to the diseases described above.
2. 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.
3. I understand that my pet may develop anorexia, lethargy, fever, and soreness within a few hours following vaccination and can last for up to 24 hours. I understand that these adverse effects are usually minor and will usually resolve without the need for additional veterinary care. I understand that should my pet develop any severe or unanticipated reaction to the vaccination, such as urticaria (hives) and pruritis (itching) of the face and ears, vomiting with or without diarrhea, or respiratory distress, which may occur within minutes, or even seconds, I should contact All Caring Animal Clinic immediately for instructions.
4. I understand that cats have a 1 in 3,000 to 1 in 10,000 chance of developing a sarcoma (a type of tumor) at the vaccination site. I understand that this type of tumor, should it occur, is life-threatening and may require extensive medical or surgical treatment.
5. I understand that Dr. White or Dr. Winkler makes no warranty, either express or implied, as to the safety or efficacy of the vaccine being used.
6. I have been provided with informational material concerning vaccines and the diseases they are intended to protect against, disease incidence, vaccination recommendations, and adverse reactions.
7. I have read and understand the information provided to me concerning vaccines and the diseases they are intended to protect against, disease incidence, vaccination recommendations, and adverse reactions; 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 request to have my pet vaccinated as stated above.

Owner (or responsible party)	Date	Witness
_____	_____	_____
Printed Name	Printed Name	Printed Name
_____	_____	_____
Signature	Signature	Signature