

Vaccinations & Medical

Brevard Spay/Neuter Clinic

4430 Dixie Highway Suite 1 Palm Bay, FL 32905

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|--|------------------|------------------|------------|--------------------------------------|---------|--|---------|--|---------|--|----------|--------------------------------|---------|---------------------------------------|---------|------------------------------|---------|--|---------|---|--------------|---------------------------------------|---------|
| 1. OWNER NAME: | | | | | | | | | | | | | | | | | | | | | | | |
| 2. Street Address | | | | | | | | | | | | | | | | | | | | | | | |
| 3. City | State | ZIP CODE | | | | | | | | | | | | | | | | | | | | | |
| 4. TELEPHONE | Home | Work | Cell | | | | | | | | | | | | | | | | | | | | |
| 5. Email (we can email your record and send reminder) | | | | | | | | | | | | | | | | | | | | | | | |
| 6. PET'S NAME | | | | | | | | | | | | | | | | | | | | | | | |
| 7. Species | ()Dog | ()Cat | | | | | | | | | | | | | | | | | | | | | |
| 8. BREED | | ()No idea | | | | | | | | | | | | | | | | | | | | | |
| 9. DESCRIPTION (Color and markings) | | | | | | | | | | | | | | | | | | | | | | | |
| 10. AGE or DATE OF BIRTH | | ()No idea | | | | | | | | | | | | | | | | | | | | | |
| 11. SEX | ()Intact Male | ()Intact Female | ()No idea | | | | | | | | | | | | | | | | | | | | |
| | ()Neutered Male | ()Spayed Female | | | | | | | | | | | | | | | | | | | | | |
| 12. What is the reason for your pet's visit today? | | | | | | | | | | | | | | | | | | | | | | | |
| ()Vaccinations ()Medical problem ()Other—please describe: | | | | | | | | | | | | | | | | | | | | | | | |
| 13. When was your pet's last vaccination for rabies? For distemper? | | | | | | | | | | | | | | | | | | | | | | | |
| 14. Has your pet ever had seizures? How many? (Comfortis and Trifexis are not recommended in pets that have had seizures.) | | | | | | | | | | | | | | | | | | | | | | | |
| 15. Has your pet ever had a drug or vaccine reaction? | | | | | | | | | | | | | | | | | | | | | | | |
| 16. If your pet is here for a medical reason, please describe any symptoms and how long they have been going on. | | | | | | | | | | | | | | | | | | | | | | | |
| Is this the first time, or has it happened before? | | | | | | | | | | | | | | | | | | | | | | | |
| <p>17a. AUTHORIZATION: SINGLE VACCINATIONS: RV requires an exam</p> <table> <tr> <td>() Rabies, Purevax 1 yr (Cats only)</td> <td>\$30.00</td> </tr> <tr> <td>() Rabies, 1yr (no previous rabies vaccination)</td> <td>\$20.00</td> </tr> <tr> <td>() Rabies, 3yr (show record of a previous rabies vac)</td> <td>\$20.00</td> </tr> <tr> <td>() Distemper (DRC - Cats)</td> <td>\$20.00</td> </tr> <tr> <td>() Distemper (DA2PP - Dogs)</td> <td>\$20.00</td> </tr> <tr> <td>() Bordetella (Dogs)</td> <td>\$25.00</td> </tr> <tr> <td>() Leptospirosis (Dogs)</td> <td>\$25.00</td> </tr> <tr> <td>() Leukemia (Cats)</td> <td>\$30.00</td> </tr> <tr> <td>() Leukemia series (2 vaccines, 3-4 weeks apart)</td> <td>\$55.00</td> </tr> </table> <p>If your cat needs a leukemia vaccination, it is recommended that it be given separately from other vaccinations.</p> | | | | () Rabies, Purevax 1 yr (Cats only) | \$30.00 | () Rabies, 1yr (no previous rabies vaccination) | \$20.00 | () Rabies, 3yr (show record of a previous rabies vac) | \$20.00 | () Distemper (DRC - Cats) | \$20.00 | () Distemper (DA2PP - Dogs) | \$20.00 | () Bordetella (Dogs) | \$25.00 | () Leptospirosis (Dogs) | \$25.00 | () Leukemia (Cats) | \$30.00 | () Leukemia series (2 vaccines, 3-4 weeks apart) | \$55.00 | | |
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| <p>VACCINATION PACKAGES</p> <table> <tr> <td>() Examination</td> <td>\$40.00</td> </tr> <tr> <td>() Emergency Exam</td> <td>\$60.00</td> </tr> <tr> <td>() 2 vaccinations (RV, Distemper: includes exam)</td> <td>\$75.00</td> </tr> <tr> <td>() 3 vaccinations (includes exam - DOGS only)</td> <td>\$100.00</td> </tr> <tr> <td>() Heartworm test only (Dogs)</td> <td>\$35.00</td> </tr> <tr> <td>() Heartworm test added to a package</td> <td>\$30.00</td> </tr> <tr> <td>() Leukemia/FIV test (Cats)</td> <td>\$45.00</td> </tr> <tr> <td>() Leukemia/FIV test added to a package</td> <td>\$40.00</td> </tr> <tr> <td>() Fecal analysis/Urinalysis</td> <td>\$50/\$45.00</td> </tr> <tr> <td>() Microchip and Registration (CASH)</td> <td>\$40.00</td> </tr> </table> | | | | () Examination | \$40.00 | () Emergency Exam | \$60.00 | () 2 vaccinations (RV, Distemper: includes exam) | \$75.00 | () 3 vaccinations (includes exam - DOGS only) | \$100.00 | () Heartworm test only (Dogs) | \$35.00 | () Heartworm test added to a package | \$30.00 | () Leukemia/FIV test (Cats) | \$45.00 | () Leukemia/FIV test added to a package | \$40.00 | () Fecal analysis/Urinalysis | \$50/\$45.00 | () Microchip and Registration (CASH) | \$40.00 |
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| <p>17b. AUTHORIZATION CONTINUED:</p> <ul style="list-style-type: none"> • I am 18 years or older. I am responsible for the animal described on this page or have been designated the agent for the person responsible for this animal. • I give consent to Brevard Spay/Neuter Clinic to receive, transport, vaccinate, treat, and/or prescribe medications for this animal. • I understand that Brevard Spay/Neuter Clinic will take all reasonable precaution against injury, escape or death of this animal. I assume all risks and I will not hold Brevard Spay/Neuter Clinic responsible in any way. • I consent to the administration of any anesthetics and or drugs deemed proper by the veterinarian and understand that there is some risk in the use of anesthetics and or drugs. • I consent to the administration of vaccinations, and understand that this can cause adverse reactions in some animals. • I have been informed that if more than one vaccination is given at a time, it increases the possibility of a vaccination reaction, especially in pets weighing less than 35 pounds. • I have been informed that any rabies vaccination should be repeated in 1 year if my pet is under a year of age or has never received one before. • I have been informed that a heartworm test is recommended once a year to detect heartworms at an early, more treatable stage. Even if my pet is getting heartworm preventive each month, there are conditions that can occur that might still allow my pet to contract heartworm disease. • I consent to the treatment for any condition discovered which, in the veterinarian's opinion, requires medical attention or an additional procedure, including but not limited to ear mites, abscesses and other infections, severely infected and painful teeth, ingrown nails. • I understand and agree that if a third party is assisting in payment, they will receive a copy of the invoice. • My selected procedures will cost \$ [REDACTED]. If additional procedures are recommended and I consent to them by phone, I will bring cash to pay the difference at the time of pick up. • I will pick my animal up the same day as the surgery at the time and place designated by the staff. If I do not claim the animal in 24 hours, it will be considered abandoned and disposed of in accordance with Brevard Spay/Neuter Clinic policy. If the animal is abandoned, I relinquish ownership rights and will be responsible for medical and boarding costs. | | | | | | | | | | | | | | | | | | | | | | | |
| <p>^ Owner, Caretaker, or Agent's SIGNATURE ^ Date:</p> | | | | | | | | | | | | | | | | | | | | | | | |