

Kings Highway Animal Clinic Vaccine Clinic Check in

Client Name: _____ **Phone Number:** _____

Address: _____ **City, State, Zip:** _____

Pet Name: _____ **Breed:** _____

Age: _____ **Sex (circle one):** Male Female Spayed/Neutered

Canine

- | | |
|--|---------|
| <input type="checkbox"/> Rabies (1 or 3* year) | \$16.00 |
| <input type="checkbox"/> Distemper/Parvo/Lepto | \$18.00 |
| <input type="checkbox"/> Kennel Cough Intranasal | \$18.00 |
| <input type="checkbox"/> Rattlesnake Vaccination | \$27.00 |
| <input type="checkbox"/> Heartworm Test | \$27.50 |
| <input type="checkbox"/> Parasite Screen (send out) | \$20.00 |
| <input type="checkbox"/> Microchip | \$37.00 |
| <input type="checkbox"/> Heartworm Prevention
(heartworm test required) | varies |

Feline

- | | |
|---|---------|
| <input type="checkbox"/> Rabies (1 or 3* year) | \$16.00 |
| <input type="checkbox"/> Feline Distemper (FVRCP) | \$18.00 |
| <input type="checkbox"/> Distemper/Leukemia | \$31.00 |
| <input type="checkbox"/> FIV/Leukemia Test | \$38.50 |
| <input type="checkbox"/> Parasite Screen (sent out) | \$20.00 |
| <input type="checkbox"/> Revolution | varies |

Rabies*

3 year rabies license will only be given to pets previously vaccinated at Kings Highway Animal Clinic, following county requirements (2 rabies vaccinations given within 12 months). *Hays, Caldwell and Comal counties only*

Pediatric (less than 6 months) / Geriatric (over 8 years)

Kings Highway Animal Clinic strongly recommends that pediatric and geriatric pets be seen during regular office hours so that we can consult with you about the special needs of younger and older patients.

Aggressive Pets

While we will attempt to vaccinate your pet using proper precautions, for the safety of our staff we may require you to bring your pet during office hours so that we can safely vaccinate your pet, using sedation if necessary.

Authorization

I authorize that I am the owner or authorized agent for the owner of the pet listed above. I authorize the veterinarians and staff of Kings Highway Animal Clinic to perform the vaccination(s) and treatment(s) listed above. I understand that there are risks of complications, including death, for any procedure or vaccination that may be performed. I understand that there are no guarantees to the effectiveness or results of any vaccination, treatment, test, or medication. I understand that I will be financially responsible for the treatment of any adverse events associated with the services provided.

I certify that my pet is in good health and has no known health problems. I certify that my pet has never had an adverse reaction to a vaccination. I understand that this visit does not include consultation with the veterinarian regarding health recommendations, and includes only an exam sufficient to establish general health for vaccination.

My preferred payment method is: Cash Visa/Mastercard/Discover/AmericanExpress CareCredit

Signature

Printed Name

Date

Client #