



Client ID#: _____

Date: _____

First Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ (Cell or Home) ☐ Would you like to receive

Email Address: _____ SMS text reminders?

Has this animal been a previous AWA Clinic Client? ☐ Yes ☐ No

If Yes, under what last name? _____

RELEASE AND WAIVER OF LIABILITY

To the best of my knowledge, as a responsible pet owner, my pet is healthy with no diagnosed allergies to vaccines and has had no recent occurrence of abnormal coughing, sneezing, vomiting, diarrhea, or weight loss. My pet has not bitten or broken the skin of a person within the last 10 days. I understand and acknowledge that an adverse reaction to any vaccine or treatment is possible. Should it happen that my pet becomes ill or dies due to a vaccine or treatment, **I will not hold the veterinarian or the Animal Welfare Association responsible as reactions are highly individual immune responses which cannot be foreseen.**

Furthermore I understand that the side-effects or allergic reactions may occur in any animal after treatment or vaccination. **Any side-effect or allergic reaction requiring further medical attention is at my own expense.**

Being aware of these facts, I give my permission to AWA to vaccinate and/or treat my animal hereby and waive any and all claims against the AWA, its staff, and veterinarians.

Signature: _____ Date: _____

Pet #1:

Name	Cat/Dog	Male/Female	Age	Breed	Color(s)	Weight	Spayed/Neutered

Please check services/products desired for Pet #1:

VACCINES

- ☐ Distemper Vaccine (DAPP/FVRCP)
- ☐ Rabies Vaccine
- ☐ Bordetella Vaccine (Dog)
- ☐ Leptospirosis (Dog)
- ☐ Lyme Vaccine (Dog) *
- ☐ Canine Influenza Vaccine (Dog)
- ☐ FeLV Vaccine (Cat) *

TESTING

- ☐ Heartworm Test (Dog)
- ☐ Heartworm/Lyme/Ehrlichia/
Anaplasma 4DX (Dog)
- ☐ FeLV/FIV Combo (Cat)
- * Require Lyme (Dog) or FeLV (Cat) test
before vaccine can be administered**

PRODUCTS

- ☐ Heartworm Preventative
Type: _____
- ☐ Flea/Tick Preventative
Type: _____
- ☐ Puppy/Kitten Deworming
- ☐ Microchip
- ☐ Nail Trim (Cat)

Pet #2:

Name	Cat/Dog	Male/Female	Age	Breed	Color(s)	Weight	Spayed/Neutered

Please check services/products desired for Pet #2:**VACCINES**

- ☐ Distemper Vaccine (DAPP/FVRCP)
☐ Rabies Vaccine
☐ Bordetella Vaccine (Dog)
☐ Leptospirosis (Dog)
☐ Lyme Vaccine (Dog) *
☐ Canine Influenza Vaccine (Dog)
☐ FeLV Vaccine (Cat) *

TESTING

- ☐ Heartworm Test (Dog)
☐ Heartworm/Lyme/Ehrlichia/
 Anaplasma 4DX (Dog)
☐ FeLV/FIV Combo (Cat)

*** Require Lyme (Dog) or FeLV (Cat) test
 before vaccine can be administered**

PRODUCTS

- ☐ Heartworm Preventative
 Type: _____
☐ Flea/Tick Preventative
 Type: _____
☐ Puppy/Kitten Deworming
☐ Microchip
☐ Nail Trim (Cat)

Pet #3:

Name	Cat/Dog	Male/Female	Age	Breed	Color(s)	Weight	Spayed/Neutered

Please check services/products desired for Pet #3:**VACCINES**

- ☐ Distemper Vaccine (DAPP/FVRCP)
☐ Rabies Vaccine
☐ Bordetella Vaccine (Dog)
☐ Leptospirosis (Dog)
☐ Lyme Vaccine (Dog) *
☐ Canine Influenza Vaccine (Dog)
☐ FeLV Vaccine (Cat) *

TESTING

- ☐ Heartworm Test (Dog)
☐ Heartworm/Lyme/Ehrlichia/
 Anaplasma 4DX (Dog)
☐ FeLV/FIV Combo (Cat)

*** Require Lyme (Dog) or FeLV (Cat) test
 before vaccine can be administered**

PRODUCTS

- ☐ Heartworm Preventative
 Type: _____
☐ Flea/Tick Preventative
 Type: _____
☐ Puppy/Kitten Deworming
☐ Microchip
☐ Nail Trim (Cat)

Pet #4:

Name	Cat/Dog	Male/Female	Age	Breed	Color(s)	Weight	Spayed/Neutered

Please check services/products desired for Pet #4:**VACCINES**

- ☐ Distemper Vaccine (DAPP/FVRCP)
☐ Rabies Vaccine
☐ Bordetella Vaccine (Dog)
☐ Leptospirosis (Dog)
☐ Lyme Vaccine (Dog) *
☐ Canine Influenza Vaccine (Dog)
☐ FeLV Vaccine (Cat) *

TESTING

- ☐ Heartworm Test (Dog)
☐ Heartworm/Lyme/Ehrlichia/
 Anaplasma 4DX (Dog)
☐ FeLV/FIV Combo (Cat)

*** Require Lyme (Dog) or FeLV (Cat) test
 before vaccine can be administered**

PRODUCTS

- ☐ Heartworm Preventative
 Type: _____
☐ Flea/Tick Preventative
 Type: _____
☐ Puppy/Kitten Deworming
☐ Microchip
☐ Nail Trim (Cat)