## CSRA LIFE SAVER FELINE CONSENT FORM [Cht #: \_\_\_\_ Chk In: Y / N]

Owner's Name Address **New Client? Yes or No** New Pet? Yes or No City/State/ZIP Code \_\_\_\_\_ Phone Number Email Address\_\_\_\_ Cat Name: \_\_\_\_\_ Breed: \_\_\_\_ Age: \_\_\_ Color: \_\_\_\_ Sex: Male or Female Is your pet aggressive? YES / NO - Prone to bite? YES / NO Circle YES or NO for the following: Is you pet fixed?: Yes or No Is your pet currently in heat/pregnant?: Yes or No Is your pet already microchipped?: Yes or No Has your pet ever had an adverse reaction to vaccines or are they being treated by a full service vet for any other illnesses that you are aware of?: Yes or No Office Use Only: Today my cat needs the following (check all that apply): E: Current? Y/N Declined? Y/N **Physical Exam** R: Current? Y/N Declined? Y/N Rabies (4 months or older; required by law) Tag #: \_\_ **FVRCP** (upper respiratory vaccines) F: Current? Y/N Declined? Y/N Feline AIDS/Leukemia Test (Recommended 12 weeks & older) Lk: Current? Y/N Declined? Y/N Microchip Leuk Test: Current? Y/N Leukemia Vaccine (Recommend test first) Declined? Y/N П Fecal Exam Dewormer or Tapeworm Dewormer Ear Parasite Exam Ear Cleaning Nail Trim Flea & Tick Prevention: Yes or No Advantage Multi Seresto Collar How many months would you like: Product: \_\_\_\_\_ Miscellaneous: I hereby acknowledge that I am giving CSRA LIFE SAVER my consent to give the following vaccines to my cat. I understand that my pet may be exposed to the diseases described above. 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. 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 do understand that a veterinarian may or may not be examining my pet today and give my consent for a properly trained tech to administer the vaccines. TODAY I WILL BE PAYING WITH (Circle One): CASH CARD Signature: \_\_\_\_\_ Date: \_\_\_\_ Veterinarian Use Only Beyond This Point Heart: Teeth: Eyes: Weight: \_ Normal Normal Normal BCS: /9 Abnormal ☐ Tartar build up Abnormal Ideal: Notes: \_\_\_ Notes: Notes: Temp: Microchip? Υ Ν Chip# Palpation: Skin: Ears: Recommend FSV for Clean Normal □ Normal treatment on above noted Dirty Abnormal observations Abnormal Notes: □ Booster in 3 weeks Both testicles descended Notes: Notes: