



Office Use Only  
 Tag # \_\_\_\_\_  
 Paid: \_\_\_\_\_  
 Cash, Check, CC



Santa Maria Animal Center  
 548 W. Foster Road ♦ Santa Maria, CA 93455  
 805/934-6119 ♦ FAX 805/934-6326

Email or Mail Receipt (circle one)

**VACCINATION AND TREATMENT CONSENT FORM**

Owner's Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Primary Phone (\_\_\_\_) \_\_\_\_\_ Secondary Phone (\_\_\_\_) \_\_\_\_\_

Pet's Name \_\_\_\_\_ Dog  Cat  Age \_\_\_\_ Vet \_\_\_\_\_

Breed \_\_\_\_\_ Color \_\_\_\_\_ Sex: Male or Female Spayed/Neutered: Yes or No

Is your pet currently sick? Yes or No If yes, please describe:

**Please respond to the following questions:**

Circle Response

- Has your pet ever had an adverse reaction to a vaccine? YES NO
- Are you interested in finding out about how to spay or neuter your pet? YES NO
- How did you hear about our clinic?  Shelter  Word of mouth  Flier  Other
- Where did you get your pet from? \_\_\_\_\_

**Vaccines and Treatments requested today:**

**Dog Vaccines:** Rabies \$10  DAPP \$14  Bordetella (Kennel Cough) \$14

**Cat Vaccines:** Rabies \$10  FVRCP \$14

**Flea treatment**  (Prices range from \$10.00 to \$19.00) **Worming**  (Price ranges from \$9.00 to \$26.00)

**License:** 1yr altered \$25  6mo unaltered \$45  **Microchip**  (\$30)

**Santa Barbara County Animal Services Consent Form and Waiver**

I hereby consent and authorize Santa Barbara County Animal Services to spay or neuter and/or give vaccinations or provide other treatment to my pet mentioned above. These treatments, procedures or operations may involve risks of unsuccessful results, complications, or even death, from both known and unforeseen causes, and no warranty or guarantee is made as to the outcome except as is otherwise provided herein. I have discussed the potential risks as well as the nature and purpose of the treatment, procedure or operation and have received and understand all the information I desire regarding said treatments, procedures or operations.

I also understand that it may be necessary to provide emergency medical care and, in the event, that I cannot be contacted, I authorize Santa Barbara County Animal Services to render such care or to arrange for such care. I assume financial responsibility for all charges incurred for the care or treatment provided to the above-described pet. Santa Barbara County Animal Services will use all reasonable precautions against injury, escape, or destruction of the above described pet, however Santa Barbara County Animal Services will not be held liable or responsible beyond such reasonable precautions for its care, treatment, or safekeeping of my pet. It is understood and agreed that I assume all other risks associated with the care, treatment and/or safekeeping of my pet.

I understand that these vaccines/treatments will be administered without a prior health exam.

I HAVE READ THIS CONSENT FORM AND FULLY UNDERSTAND AND AGREE WITH ITS PROVISIONS.

Signed: \_\_\_\_\_ Date \_\_\_\_\_

VAX	LABEL	SITE	METHOD	BY
Rabies		Right rear Leg		
DAPP		Right front shoulder		
Bordetella		Intranasal		
FVRCP		Right front shoulder		

Flea/Tick Treatment \_\_\_\_\_ Worming \_\_\_\_\_ Microchip \_\_\_\_\_

Comments:

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Physical Exam:

H/L: \_\_\_\_\_  
 EENT: \_\_\_\_\_  
 \_\_\_\_\_  
 GI: \_\_\_\_\_  
 GU: \_\_\_\_\_  
 INTEG.: \_\_\_\_\_  
 \_\_\_\_\_  
 M/S: \_\_\_\_\_  
 DR: \_\_\_\_\_