

Wauwatosa Veterinary Clinic & East Tosa Veterinary Clinic

Vaccination Information and Consent Form

Pet Name: _____ **Client Name & ID:** _____

Immunizing your pet is an important part of your pet's long-term healthcare plan, and in most cases will provide protection against an illness that could be life threatening. Although most pets do not react adversely to a vaccination, some have had allergic or other systemic reactions after receiving a vaccine. Occasionally, the allergic reaction can be so profound that it may be life threatening. In cats, a serious additional concern has been a "lump" forming at the site of the vaccination. In some cats, if these lumps persist, a tumor may form called a fibrosarcoma which may have grave consequences if ignored. If your cat develops a lump under the skin followed by a vaccination that persists for longer than 4 weeks, you should have it examined as soon as possible.

Your decision to vaccinate your pet should not be taken lightly. A decision should only come after your pet's age and the risk of exposure to disease are considered by you and your veterinarian. Vaccinations given at the appropriate age and at the appropriate intervals are generally very safe though and will greatly benefit your pet and potentially extend their life by preventing illness.

In order for us to determine which vaccines are most appropriate for your pet based on their lifestyle and risk of exposure, please check all of the statements below that apply to your pet.

<input type="checkbox"/> Visits daycare	<input type="checkbox"/> Visits a boarding facility	<input type="checkbox"/> Visits a dog park	<input type="checkbox"/> Visits Northern WI / MI
<input type="checkbox"/> Participates in show / field trials	<input type="checkbox"/> Comes into contact where there are squirrels, skunks, raccoons, etc.		
Has your pet ever had a vaccine reaction?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Do you give your pet monthly heartworm preventative?	<input type="checkbox"/> YES, year round	<input type="checkbox"/> YES, _____ months per year	<input type="checkbox"/> NO
Approximately how many hours does your pet spend outside each week?	<input type="checkbox"/> My pet never goes outside	<input type="checkbox"/> 0-3 hours	<input type="checkbox"/> 4+ Hours
Do you have a household with both dog(s) AND cat(s)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	

Our recommended vaccine schedule for MOST healthy pets:

Dogs	Cats
<ul style="list-style-type: none"> Rabies Distemper/Parvovirus Tracheobronchitis/Bordetella Canine Influenza (H3N8 & H3N2) Leptospirosis Lyme Disease 	<ul style="list-style-type: none"> Rabies Rhinotracheitis, Calicivirus, and Panleukopenia

I have read the above information and I am aware that there are risks associated with failure to vaccinate my pet as well as potential side effects associated with receiving the vaccination. By signing this consent form, I authorize the administration of the vaccines recommended by my veterinarian.

Client/Owner Signature: _____ **Date:** _____