

# Please read and sign:

## VACCINE/MEDICATION INFORMATION

- Vaccinations and antiparasitics may not completely eliminate my pet's chances of contracting the diseases or parasites we are trying to prevent.
- Some pets may show mild, self-limiting reactions within 24-48 hours post vaccination:
  - Mild fever
  - Lethargy, decreased appetite
  - Limping or discomfort at site of injection
  - Firm swelling at the injection site
  - Sneezing, mild coughing, or other respiratory signs 2-5 days after receiving an intranasal vaccine
- A small percentage of pets may develop more severe reactions, which can be life-threatening, and will require me to seek immediate care at the nearest veterinary clinic :
  - A mild effect listed above that seems especially progressive or persistent
  - Excessive vomiting or diarrhea
  - Hives or facial swelling
  - Difficulty breathing, weakness, or collapse
- Research has shown that in a very small number of cats, an injection site reaction may progress and develop into a tumor. These tumors can be life threatening and may require extensive medical or surgical treatment at my expense. An injection site reaction should be rechecked if it:
  - Continues to grow for more than 1 month or persists greater than 3 months

## HEARTWORM TESTING AND PREVENTATIVE MEDICATIONS

- The heartworm test is valid for 30 days after testing
- Prevention must be started or continued within that time.
- Annual testing is required to be able to purchase heartworm prevention product
- An Annual exam is mandatory when any lab testing is performed or a prescription medication is provided or refilled.

By signing, I give my consent to proceed with the recommended vaccines, tests, and medications for my pet. I also confirm that:

- My pet is healthy, not pregnant, and has no past vaccine or medication reaction
- I agree to accept all risks of vaccines and medications
- I accept legal/financial responsibility for all charges incurred as a result of such risks
- No employee of Paws 4 Shots, Inc. bears any legal or financial responsibility for such risks and will bear no responsibility for any charges or losses incurred.
- I give Paws 4 Shots permission to contact me via the email address and phone number provided (including via text)

PET NAME \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

PRINT NAME \_\_\_\_\_

