Friendly Animal Hospital

CANINE VACCINES

Appetite: Good – Fair – Decreased **Any:** V – D – C – S – PU – PD
Wt: _____ lbs **WT:** _____Kg **T:**_____°F

Current meds: _____
Last Dental date: _____ Assist/Recep. Initials: _____
Please read the information for the vaccines below. Initial next to each vaccine/service you want your pet to receive.
_____ **Exam**: Physical exam with Veterinarian

_____ **RABIES** (CORE) $5.00 *Required* by county law. Incurable viral disease affecting the central nervous system. Spread by contact of saliva of infected animals and can be transmitted to humans.
** Recommended as an ___ Annual (at 16 weeks) ___ Tri-annual
_____ **DA2PP** (CORE) $14.00 *Distemper*: A highly contagious and potentially fatal viral disease, spread by discharge from the nostril and eyes of infected dogs and attacks many organs, including the nervous system. *Adenovirus-2*: Contracted by secretion of saliva, urine, or feces. Causes liver failure, eye damage, respiratory issues, and possible kidney failure. *Parvovirus*: A very contagious and potentially fatal disease which attacks the gastrointestinal tract. Spread through infected feces and highly resistant.
** Recommended as 3 booster series, then annually ___ 8 weeks ___ 12 weeks ___ 16 weeks ___ Annual ___ Tri-annual
_____ **BORDETELLA** $16.00 Commonly known as Kennel Cough. A highly contagious respiratory infection which is transmitted by direct contact such as boarding, dog parks, etc.
*** Recommended as 2 booster series, then annually ___ 12 weeks ___ 16 weeks ___ Annual
_____ **INFLUENZA, H3N2 & H3N8** $28.00 Highly contagious respiratory infection. Transmitted through respiratory secretions from coughing or sneezing.
*** Recommended as 2 booster series, then annually ___ 12 weeks ___ 15 weeks ___ Annual
_____ **LEPTOSPIROSIS** $18.00 A bacterial disease which attacks the kidney and liver. Commonly transmitted through rodent urine.
*** Recommended as 2 booster series, then annually ___ 12 weeks ___ 16 weeks ___ Annual
_____ **LYME** $25.00 Infection caused by bacteria that is spread by infected brown ticks. Symptoms include fever, lethargy, muscle stiffness, depression, and lack of appetite.
*** Recommended as 2 booster series, then annually ___ 12 weeks ___ 16 weeks ___ Annual
_____ **CORONA** $14.00 Causes vomiting and diarrhea typically in puppies.
*** Recommended as 3 booster series, then annually ___ 8 weeks ___ 12 weeks ___ 16 weeks ___ Annual

DEWORMERS- Some parasites are contagious to people. If you are concerned that your pet may have parasites it is advised to have a physical exam with the veterinarian.
_____ **STRONGID** $14.00 Treats the most common parasites including roundworms, whipworms, and hookworms.
*** Recommended as 2 booster series for puppies, then annually ___ 8 weeks ___ 12 weeks ___ Annual
_____ **DRONCIT** $28.00 - $40.00 Given based upon weight. Treatment for the common parasite, tapeworms, which are transmitted by the ingestion of fleas. May require doctor's exam.
*** Recommended at ___ 16 weeks ___ Annual
_____ **FECAL** $40.00 To monitor for internal parasites.
*** Recommended at ___ Under 1 year of age ___ Annual
<<<<<<<<<<<<<<<<<<<<<<<<<<**$2 Biohazard Disposal Fee will be added per invoice, per pet.**>>>>>>>>>>>>>>>>>>>>>>>>
Please be advised that the vaccine reactions can occur at any point in your pet's life even if they have never had a reaction in the past. Signs of a vaccine reaction include consistent vomiting, facial swelling, and collapsing with respiratory distress. If your pet is experiencing a vaccine reaction, please return him/her to the hospital for treatment immediately. Treatment for vaccine reaction will be at an additional expense.
_____**Diphenhydramine** $40 Antihistamine used as a preventative for vaccine reaction. This does not guarantee against vaccine reaction, however lessens the chance of a vaccine reaction.

_____ **Pet has had previous reaction.** _____ **Pet has never had a reaction.** _____ **Unknown vaccine history.**

I declare that my pet is healthy (eating and drinking as normal) and has not had any signs of coughing, sneezing, vomiting, diarrhea, or an increase in urination or drinking in the past 30 days.

****Please return in ____ wks / years for any boosters needed****

_____ _____
Signature Date