

Date: _____ 2020

DIXIE DAY SPAY – Vaccine Clinic - Michael Guedron DVM
182 Airport Road NW Cleveland, TN 37312

Last Name _____ First _____ Phone _____

Address _____ City _____ State _____ Zip _____

Circle: Dog Cat Male Female Approx. Age _____ Weight _____
Spayed/Neutered? Yes No

Pet Name _____ Breed _____ Color _____

Is your pet microchipped? _____

Has your pet received vaccinations before? _____ If any reactions to vaccinations, please explain: _____

Any past or current medical conditions: _____

Consent for vaccinations, please initial and sign.

I give permission for my pet to be vaccinated at Dixie Day Spay and acknowledge that vaccines are not a complete health check and it is recommended that my pet has an established relationship with a full-service veterinary clinic to ensure that complete health care is maintained.

I understand that vaccines may cause unexpected reactions in pets. Although Dixie Day Spay will exercise responsible care and attention to my animal, Dixie Day Spay cannot be held responsible for any and all liabilities. With any vaccination, there is always the risk of adverse reactions, although very rare. These could result in illness, or in extreme cases, death.

Dixie Day Spay recommends that you wait for a period of 15 minutes after vaccinations before leaving the clinic in order to observe the animal for any signs of adverse reaction (s).

I have read, understand, accept and agree to be bound by the above conditions.

I authorize Dixie Day Spay to release and all of my pets medical records in good faith without additions consent.

Signature: _____ Date _____

Year of last Rabies Vaccine: _____

DOGS

CATS

_____ RABIES Vaccine \$10

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_____ **MICROCHIP** with lifetime registration \$20

_____ DHPP (Distemper, hepatitis, parvo, parainfluenza) \$10

_____ FVRCP (upper respiratory infections) \$10

_____ BORDATELLA (kennel cough) \$10

_____ Feline Leukemia Vaccine \$10

_____ Deworm (Strongid) Adults \$5 Kittens and Puppies \$3

_____ HEARTWORM TEST \$15

_____ FIV/FelV Combo Test \$20

_____ Nail Trim \$5

Topical Flea/Tick		Oral Flea/Tick	Interceptor Plus			Iverhart Plus		
Effipro	Effitix	Credelio	Weight	One Dose	6 Months	Weight	One Dose	6 Months
Cats	Dogs	Dogs Only	2-8 lbs	\$6	\$34	Up to 25 lbs	\$5	\$27
1.5-20 lbs	5-9 lbs	All Sizes \$10	8.1-25 lbs	\$7	\$40	25.1 – 50 lbs	\$6	\$32
\$7	\$7		25.1-50lbs	\$8	\$46	50.1 – 100 lbs	\$7	\$38
	11-22 lbs	4.4-6 lbs,						
	\$9	6.1-12 lbs						
	23-44 lbs	12.1-25 lbs,						
	\$11	25.1-50 lbs						
	45-88 lbs	50.1-100 lbs						
	\$13		50.1 – 100 lbs	\$9	\$52			
	88-132 lbs							
	\$15							