Last Name	First	Phone	
Address	City	State	_ Zip
	Email	@	com
Circle: Dog Cat Male Female Spayed/Neutered? Yes No	Approx. Age	Weight	
Pet Name	Breed	Color	
Is your pet microchipped? Has your pet received vaccinations before? Any past or current medical conditions: Consent for vaccinations, please initial and sign I give permission for my pet to be vaccinated check and it is recommended that my pet has an eshealth care is maintained I understand that vaccines may cause unexp and attention to my animal, Dixie Day Spay cannot always the risk of adverse reactions, although very Dixie Day Spay recommends that you wait for observe the animal for any signs of adverse reactio I have read, understand, accept and agree to I authorize Dixie Day Spay to release and all	n. d at Dixie Day Spay and acknow stablished relationship with a sected reactions in pets. Althow be held responsible for any arrare. These could result in illustrate a period of 15 minutes after n (s).	wledge that vaccines are not a full-service veterinary clinic to bugh Dixie Day Spay will exercised all liabilities. With any vacciness, or in extreme cases, death vaccinations before leaving the litions.	s complete health ensure that complete se responsible care cination, there is th. he clinic in order to
Signature:		Date	
Year of last Rabies Vaccine:			
DOGS	<u>CATS</u>		
RABIES Vaccine \$10	RABIES Vaccine \$10	MICROCHI	P \$20

____ FVRCP (upper respiratory

_____ Feline Leukemia Vaccine \$10

_____ FIV/FeLV Combo Test \$20

infections) \$10

____ Deworm (Strongid)

_____ Nail Trim \$10

Adults \$5

Kittens and Puppies \$3

DIXIE DAY SPAY - Vaccine Clinic - Michael Guedron DVM

182 Airport Road NW Cleveland, TN 37312

Date: _____

DHPP (Distemper, hepatitis,

_____ BORDATELLA (kennel cough) \$10

____ HEARTWORM TEST \$15

parvo, parainfluenza) \$10