

Date: \_\_\_\_\_ 2023

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

Last Name \_\_\_\_\_ First \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ @ \_\_\_\_\_ .com

**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 \_\_\_\_\_

***Date/Location of last Rabies Vaccine:*** \_\_\_\_\_**DOGS****CATS**\_\_\_\_\_ RABIES Vaccine **\$15**\_\_\_\_\_ RABIES Vaccine **\$15**\_\_\_\_\_ MICROCHIP **\$25**\_\_\_\_\_ DHPP (Distemper, hepatitis, parvo, parainfluenza) **\$15**\_\_\_\_\_ FVRCP (upper respiratory infections) **\$15**\_\_\_\_\_ Deworm (Strongid) **\$5**\_\_\_\_\_ BORDETELLA (kennel cough) **\$15**\_\_\_\_\_ Feline Leukemia Vaccine **\$15**\_\_\_\_\_ Nail Trim **\$10**\_\_\_\_\_ HEARTWORM TEST **\$25**\_\_\_\_\_ FIV/FelV Combo Test **\$25**

Topical Flea/Tick		Oral Flea/Tick		Sentinel Spectrum			Iverhart Plus		
Effitix		Credelio		Weight	One Dose	6 Months	Weight	One Dose	6 Months
Cats	Dogs	Dogs Only							
<u>Effipro</u> (flea&tick)	5-11 lbs	4.4-6 lbs	<b>\$14</b>	2-8 lbs	<b>\$8</b>	<b>\$40</b>	Up to 25 lbs	<b>\$8</b>	<b>\$40</b>
1 ½ lbs ↑ <b>\$10</b>	11-22 lbs	6.1-12 lbs	<b>\$15</b>	8.1-25 lbs	<b>\$9</b>	<b>\$45</b>	25.1 – 50 lbs	<b>\$9</b>	<b>\$45</b>
	22-44 lbs	12.1-25 lbs	<b>\$16</b>	25.1-50lbs	<b>\$10</b>	<b>\$50</b>	50.1 – 100 lbs	<b>\$10</b>	<b>\$50</b>
<u>Advantage</u> (fleas)		25.1-50 lbs	<b>\$17</b>						
2-5 lbs	44-88 lbs	50.1-100 lbs	<b>\$19</b>	50.1 – 100 lbs	<b>\$11</b>	<b>\$55</b>			
5-9 lbs	<b>\$16</b>								
9-18 lbs <b>\$10</b>	88-132 lbs <b>\$18</b>								