



# PATIENT VACCINATION FORM

TEAM: \_\_\_\_\_  
LOCATION: \_\_\_\_\_

- New Customer
- Existing Customer

Owners Name: \_\_\_\_\_  
Last First Initial

Address: \_\_\_\_\_  
Street City State Zip Code

Cell Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Allergies to Medicine/Vaccines?.....Y  N  Is your pet sick or pregnant?.....Y  N   
Has your pet bitten anyone in the last 10 days?.....Y  N  Has your pet ever had a reaction to vaccines?...Y  N

Pet Name: \_\_\_\_\_ Breed: \_\_\_\_\_ \*Age: \_\_\_\_\_ Sex: \_\_\_\_\_

\*Approximate Weight: \_\_\_\_\_ Color/Description: \_\_\_\_\_ Neutered/Spayed? Y  N

\*Pets under 10lbs and pets over 10 years will require more than one visit to complete their package. Payment is due in full on first visit.  
Invoice required on follow-up visit  NO. I REFUSE SPLIT PACK

The Pet Stop™ Clinic recommends all pets be pretreated prior to vaccination. Benadryl will help reduce the risk of your pet having a reaction to vaccinations. It does not guarantee a reaction will not occur. Mild reactions can include soreness, swelling, vomiting, diarrhea and in severe cases anaphylactic shock or death. There are additional charges associated with pretreatment.

YES, I WANT PRETREATMENT  NO, I REFUSE PRETREATMENT INITIAL

In the event that your pet is hurt or injured during their visit with us The Pet Stop™, hosting stores and landlords will not be held responsible for any accidents or incidents, including but not limited to pet fights, pet biting, pets running away, aggressive behavior between pets, pet owners or other people. All responsibility for pets are assumed by the pet owner at all times. I certify that my pet his healthy, is not pregnant and has not been around pets with a contagious disease.

I authorize the veterinarian and their assistants to vaccinate and perform the services checked below. I understand that this is not a full and complete physical examination and that vaccinations can cause reactions in some pets. I will be responsible for any cost related to my pets treatment in the event of an allergic reaction. Fees do not include pets booster vaccines, taxes or county tag fees. By law you are required to purchase a county tag after a rabies vaccination is administered. By signing this form, I agree to all of the above and and release all liability from The Pet Stop™, hosting stores and landlords. I also authorize The Pet Stop™ to contact me via text or email.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### SAVINGS PACKAGE

**Dog Pack A..... \$144**  
Rabies, 5in1 (DAPPV), Bordetella, Heartworm Test, Deworming (Hookworm & Roundworm) and Lepto\*\* (Optional)

**Dog Pack B.....\$115**  
Rabies, 5in1 (DAPPV), & Bordetella

**Puppy Pack (Set of 3).....\$87,\$87,\$111**  
5in1 (DAPPV), Bordetella, De-worming (Hookworm & Roundworm), Dental Rinsing  
\*Pay all 3 boosters up front for extra discount \$196

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#### Rabies Tag Fees

1 Year / 3 Year Tag (S)

1Year / 3 Year Tag (I)

Refuse Tag  
\*The county gives you 30 days to purchase a tag\*

TAG#

### INDIVIDUAL VACCINES

<b>Rabies</b> (1 Year) (Dog&Cat).....	\$32
<b>Rabies*</b> (3 Year) (Dog&Cat).....	\$54
<b>De-Worming</b> (Dog&Cat).....	\$27
<b>5 in 1</b> (Distemper/Parvo) (Dog).....	\$45
<b>CIV Bivalent**</b> (Dog).....	\$54
<b>Bordetella</b> (Dog).....	\$45
<b>Lyme Vaccine</b> (Dog).....	\$48
<b>Leptospirosis</b> (Dog).....	\$45

\*\* Vaccine may require a booster.  
\*Proof of prior Rabies required for 3 year vaccine.

### OTHER PRODUCTS/SERVICES

#### Wellness Testing

Canine Heartworm Test.....\$56

**Positive**                      **Negative**

Total Cost: ..... \$ \_\_\_\_\_  
Rabies Tag Cost: ..... \$ \_\_\_\_\_  
Medical Waste Fee: ..... \$5.00  
Product Tax: ..... \$ \_\_\_\_\_

Total Sales \$

## 877-704-3893

www.PetStopClinic.com



Notes: \_\_\_\_\_