

All Feline Hospital

Vaccination Only Request Form

CURRENT OWNER INFORMATION

Owner's Name: _____ Email Address: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip Code: _____

CURRENT PET INFORMATION

Pet Name: _____ Age: _____ Color: _____

Is your pet? Indoor / Outdoor / Both Sex: Female / Male Spayed / Neutered / Intact Declawed? Yes / No

Any current health issues we should know about? _____

ROUTINE PROCEDURES REQUESTED:

Purevax Rabies Vax or Defensor Rabies Vax Distemper / RCP Vax Leukemia Vax
 Deworm Nail Trim Flea Treatment Other _____

Defensor rabies vax – 1 year	\$11.50	Deworm	\$7.24 - \$27.05
Defensor rabies vax – 3 year	\$18.00	Nail trim	\$11.80
Purevax rabies vax – 1 year	\$24.00	Flea treatment	\$13.62 - \$19.90
Purevax rabies vax – 3 year	\$44.00		
Distemper / upper respiratory vaccination	\$24.60		
Leukemia vaccination	\$24.10		

By signing this form, I hereby guarantee that my cat is healthy to the best of my knowledge and does not have any medical issues that would prohibit giving a vaccination. I acknowledge that I am **declining a physical exam** for my cat which is recommended for all cats receiving a vaccination. I will not hold All Feline Hospital liable or responsible in any way for any possible complications arising from this vaccination or treatment. I understand that all charges are my responsibility and will be paid upon release from the hospital.

Signature: _____ Date: _____

PAYMENT MUST BE PAID IN FULL AT THE TIME OF SERVICES