

**Please fill out if your pet is getting vaccines*

VACCINATION CONSENT FORM

With my signature hereunder, I hereby consent and authorize the doctors of Hopi Animal Hospital to vaccinate my pet. I understand that possible reactions to vaccinations may include the following:

- Itching and scratching around the injection site
- Vomiting and/or Diarrhea
- Lethargy
- Lack of appetite
- Facial swelling
- Allergic reactions such as hive and/or red skin
- Anaphylactic shock and/or death

I further understand and agree that the reactions are idiosyncratic and that the staff and doctors at Hopi Animal Hospital will not be held responsible for any of the occurrences above. I agree to pay any and all costs in the treatment of the above or similar vaccine reactions.

Owner Name (please print)

Owner Signature

Date

**Please initial next to services to be done*

Dog Vaccinations:

____ Exam ____ DAPPV ____ BORDETELLA ____ RABIES ____ K9 Influenza ____ Lepto
\$54 \$25 \$25 \$25 \$25 \$25

Cat Vaccinations:

____ Exam ____ FVRCP ____ FELV ____ RABIES
\$54 \$28 \$28 \$25