

Is your pet already fixed? <input type="checkbox"/> Yes <input type="checkbox"/> No Last heat cycle? _____		How long have you owned your pet? _____	
Your first name		Your last name	
Your pet's name		Pet's age or DOB	
<input type="checkbox"/> Cat <input type="checkbox"/> Dog		<input type="checkbox"/> Male <input type="checkbox"/> Female	
Pet's color(s)		Pet's breed	
Address		City	
PHONE #		State	
Work phone with area		ZIP	
Cell phone with area code		How did you hear of SPOT?	
Friend Website Other _____			

**CAT Vaccines & Services:**

- |                                    |  |  |  |  |
|------------------------------------|--|--|--|--|
| <input type="checkbox"/> Rabies    | <input type="checkbox"/> Distemper Combo | <input type="checkbox"/> Leukemia vaccine  | <input type="checkbox"/> FeLV/FIV Test | <input type="checkbox"/> Probiotics                |
| <input type="checkbox"/> Microchip | <input type="checkbox"/> Fecal           | <input type="checkbox"/> Hook/Round Deworm | <input type="checkbox"/> Tape Deworm   | <input type="checkbox"/> Ear Mite Check/ Treatment |
| <input type="checkbox"/> Cheristin | <input type="checkbox"/> Revolution Plus | <input type="checkbox"/> Nails             | <input type="checkbox"/> Exam          | <input type="checkbox"/> Ear Cleaner               |

- Junior Bloodwork
  Senior Bloodwork
  Plus Urinalysis
  Presurgical Bloodwork

**DOG Vaccines & Services:**

- |   |   |   |  |   |  |
|---|---|---|--|---|--|
| <input type="checkbox"/> Rabies         | <input type="checkbox"/> Distemper/Parvo  | <input type="checkbox"/> Bordetella             | <input type="checkbox"/> Calming Chews | <input type="checkbox"/> Microchip          | <input type="checkbox"/> Ear check/Cleaner/Antibiotics |
| <input type="checkbox"/> Heartworm Test | <input type="checkbox"/> Fecal            | <input type="checkbox"/> Hook/Round Deworm/Tape | <input type="checkbox"/> Nail Trim     | <input type="checkbox"/> Shampoo/Probiotics |  |
| <input type="checkbox"/> Heartgard Plus | <input type="checkbox"/> Interceptor plus | <input type="checkbox"/> Nexgard                | <input type="checkbox"/> Trifexis      | <input type="checkbox"/> Simparica          | <input type="checkbox"/> Dental Chews                  |

SPOT USA, Inc. uses qualified staffing and approved materials for all procedures performed. It is important for you to understand that the risk of injury or death, although extremely low, is always present just as it is for humans who get vaccinated. Carefully read and understand the following before signing your name.

I, acting as owner or agent of the pet named above, hereby request and authorize SPOT USA, Inc. through whomever veterinarians they may designate, to perform vaccinations, deworming, heartworm tests, fecal tests, FeLV/FIV tests, Ear mite checks, nail trims and microchips for the animal named on the above portion of this form.

I understand that it is possible that my pet could experience some or all of the following mild side effects usually starting within hours of vaccination and typically lasting no longer than a few days. If these side effects last for more than a few days, contact your veterinarian:

- Mild fever
- Diminished appetite and activity
- Sneezing or other respiratory signs (following an intranasal vaccine)
- Discomfort and local swelling at the vaccination site (a small, firm swelling under the skin may develop at the site of a recent vaccination and should disappear in a couple weeks. If it persists for more than three months or grows in size, contact your veterinarian).

More serious but rare side effects, such as severe allergic reactions, may occur within minutes to hours after vaccination. Signs include vomiting, diarrhea, itchy skin, difficulty breathing and collapse. These allergic reactions can be life-threatening and are medical emergencies. Contact your veterinarian immediately, or an after hours veterinary emergency clinic, as your pet may require medical treatment. I am aware that I am responsible for expenses related to management of vaccine side effects.

I hereby release SPOT USA, Inc. and all SPOT USA, Inc. veterinarians, assistants, volunteers, directors, and employees from any and all claims arising out of or connected with the performance of these procedures or any adverse reactions from vaccinations. I agree that I have not and will not claim any right of compensation from them, or any of them, or file action by reason of such sterilization or attempted sterilization of such animal or any consequences related thereto. Owner/ agent hereby agrees to indemnify and hold SPOT USA, Inc. harmless for any damages caused during the transportation of the animal, or for any damages caused by any unforeseeable events including fire, vandalism, burglary, extreme weather, natural disasters or acts of God.

By signing, you acknowledge you have read and understand this form.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

