

## PetCare Animal Hospital

Blue Ash Location  
8610 Blue Ash Rd.  
Cinti. Ohio 45242  
513-793-3032  
513-793-2409

Loveland Location  
10570 Loveland / Madeira Rd  
Loveland, Ohio 45140  
513-677-3666  
513-677-2970

### Express Vaccine Clinic Registration / Consent Form

#### Client Information:

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_ / \_\_\_\_\_

Email Address \_\_\_\_\_

Pet's Name \_\_\_\_\_ K9 / Feline

Sex \_\_\_\_\_ Spayed / Neuter

Breed \_\_\_\_\_ Age \_\_\_\_\_

#### **Canine Vaccine Package \$90**

Package Includes: Canine Distemper vaccine  
Bordatella (kennel cough) vaccine  
Rabies Vaccine  
Heartworm Test  
Fecal (parasite) exam

#### **Feline Vaccine Package \$60**

Package Includes: Feline Distemper Vaccine  
Feline Leukemia Vaccine  
Rabies Vaccine  
Fecal (parasite) exam

- Any vaccinations given on an individual basis will be \$20.
- Vaccine packages administered by a Registered Animal Health Technician.

#### **Additional Services Requested:**

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#### **Additional Services Recommended :**

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I elect to continue my pet's vaccine boosters on a yearly basis as suggested by my veterinarian and the vaccine label and agree to hold my pet's veterinarian harmless in the event such compliance with traditional protocols and labeling laws inadvertently causes a medical complication associated with the use of this vaccine. I understand that although every effort will be made to ensure the safety of my pet today, unexpected adverse reactions may occur from the vaccinations.

Signature \_\_\_\_\_ Date \_\_\_\_\_