



Citizens for Animal Protection (CAP) 17555 Katy Fwy, Houston, TX 77094

*** 281-600-8500 ***

www.cap4pets.org

The Cornelius Clinic

Vaccination and Microchip Consent Form

Donations are welcome. Your support is appreciated. \$

Print Name: _____ Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____ Email: _____

Name of Pet	Dog or Cat	Breed	Color	Age	Sex	Spayed/Neutered	Weight
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New Client?

Returning Client?

Did you adopt your pet from CAP? YES / NO

****** Please place your pet's vaccination history or adoption paperwork, if you have it, with this form.**

Please read the following, initial next to each one and sign below.

I understand that The Cornelius Clinic only offers vaccination and preventive services and is not offering full veterinary clinic or hospital services. Wellness services include but are not limited to: a preventative health exam, vaccinations, heartworm test, Feline Leukemia/FIV Combo test, and flea/heartworm preventative.

I understand that for protection and well being of my pet and the The Cornelius Clinic staff and volunteers, CAP reserves the right to refuse to see my pet or offer wellness services based on my pet's temperament or health status at any time.

I understand that by bringing my pet into an environment such as The Cornelius Clinic my pet may be exposed to certain contagious illnesses. I will not hold The Cornelius Clinic nor any of its staff or volunteers liable for any illness that my pet has or may develop in the future.

I understand that vaccination of my pet will substantially reduce, but may not completely eliminate, my pet's chances of contracting the disease or diseases vaccinated against.

I understand that there is a risk that my pet may develop anorexia, lethargy or fever, and/or soreness within a few hours following vaccinations and that these symptoms can last up to 24 hours. I understand that should my pet develop any severe or unanticipated reactions such as hives, itching of the face or ears, vomiting with or without diarrhea, or respiratory distress. I will contact a full service emergency veterinary hospital or clinic for immediate care at my own expense. CAP, its staff and volunteers are not liable for any adverse reactions or expenses caused by my pet's visit to the CAP Vaccination Clinic. PLEASE INFORM THE TECHNICIAN IF YOUR PET HAS HAD PRIOR REACTIONS TO VACCINATIONS.

I understand that if I am having my pet microchipped there is a slight risk of infection at the injection site and CAP, its staff or volunteers are not liable for any complications resulting from microchipping. All personnel administering the microchips have been trained in the proper administration of this procedure.

__ I DO give The Cornelius Clinic permission to post my pet's photo, first name, and story on their public social media web pages and website.

__ I verify that I am the legal owner of the animal named above and I am legally qualified to authorize CAP to perform services I have requested.

__ I understand that fractious pets may incur additional charges or be denied service.

__ CAP occasionally assists with externs in the Veterinary field. I give consent for my pet to be examined by a 4th year veterinary student under the supervision of the attending veterinarian.

PATIENT HISTORY

Has the patient exhibited any attitude or behavior change? Yes/No Please explain. _____

Has the patient ever had seizures? Yes/No Please explain. _____

Has the patient been itching? Yes/No Please explain. _____

Has your patient been microchipped? Yes/No If so, has the microchip been registered? _____

Is the patient on flea prevention? Yes/No If so, what type and how often? _____

Is the patient on heartworm prevention? Yes/No If so, what type and how often? _____

Has the patient been tested for heartworms? Yes/No If so, when? _____

Has the patient been exposed to ticks? Yes/No Please explain. _____

Has the patient had any prior illnesses, accidents, or surgeries? Yes/No Please explain. _____

Is the patient aggressive or fearful around strangers? Yes/No Please explain. _____

Aside from heartworms, flea & tick preventatives, is the patient given any other medication? Yes/No Please explain.

Does the patient have any known allergies to any medications? Yes/No If yes, please list:

Has a patient ever had a reaction to any vaccines? Yes/No If yes, please list and explain below:

I verify that I am the legal owner of the animal named above and I am legally qualified to authorize The Cornelius Clinic to perform the services I have requested.

Owners Signature _____ Date _____