



WELLNESS CLINIC FORM

Owner's Name (First Last): Pet's Name: Pet's Age:
Address St.: City: State: ZIP:
Emergency Phone #: Alternate Phone #: Email:

Has your pet received vaccinations before?
Does your pet have any health concerns?
Has your pet received medications this last month?
Has your pet ever had a vaccine reaction?
Is your pet possibly pregnant?
Has your pet recently had coughing, sneezing, vomiting, diarrhea, inappetence, or lethargy?
Do you need to renew or get a new license today?
(only for residents in our service area)

I understand that participating in the Pasadena Humane Society Wellness Clinic possibly involves risks to me and my animal(s), and I assume all risks associated with participating in this program.

I understand that the vaccines used meet the high quality standards of the USDA. I understand that dogs and cats must be healthy to receive vaccinations.

I, acting as owner or agent of the pet named above, hereby request and authorize PHS, through whomever veterinarians that may designate to perform vaccinations and any necessary treatments on the animal named above.

I HAVE READ & UNDERSTOOD THE CONDITIONS LISTED ABOVE

OWNER SIGNATURE (must be 18 yrs of age or older)

DATE

STAFF ONLY

Requested Feline Service: Rabies, FVRCP, FELV, Revolution, NT, B, SC, PRVT
Requested Canine Service: Rabies, DHLPP, Bordetella, DHPP, HW Test, Canine Influ.
Other Service: Microchip, Diphenhydramine, Tapeworm inj, Pyrantel

Donation Request: Y N explain: weight:

Total: \$ (Please Circle): Credit Card / Cash / Check / Donation \$