

## **WELLNESS CLINIC FORM**

Emergency Phone	City:  Emergency Phone  To assist with the needs of your pet, pleas Has your pet received vaccinations befor Does your pet have any health concerns? Has your pet received medications? Has your pet ever had a vaccine reaction Is your pet possibly pregnant? Has your pet recently had coughing, snew vomiting, diarrhea, inappetence, or lethant Do you need to renew or get a new licens today? (only for residents in our service of In granting this consent to vaccinate, I am the owner of the animal(s) presented for understand the staff of The Pasadena Humanthe safety of the animal(s) first. I agree to come current medical conditions or medications that administer vaccine(s) to any animal which can I understand that the vaccination of my pet will vaccinated against. I understand that it can tal & SPCA Wellness Clinic uses only the highest develop anorexia, lethargy, fever, and sorenesusually minor and usually resolve without the reaction to the vaccination, such as urticaria (trespiratory distress, collapse, and in serious of Pasadena Humane Society & SPCA or the loc Should my animal(s) become ill or injured due responsible. I understand I may be referred to understand that the staff veterinarian does not comprehensive exam should be performed yethe Pasadena Humane Society Wellness Clinibite, my animal(s) will need to be held for a ral Department. I assume all risks associated with and employees from any and all claims arising Owner/agent hereby agrees to indemnify and burglary, extreme weather, or natural disasters I HAVE READ & UNDERSTOOD THE COND  OWNER SIGNATURE (must be 18 y STAFF ONLY)  Requested Feline Service	Alte  de read a de? ? ?  ezing, rgy? de area)  fectively I hereby services a de Society ply with the may incre anot be con I substant ke up to 2 de quality of des within a	Ind ansv No	wer the year year year year year year year yea	s: (explains: (explain	n vaccine n) ation) n) n) n) val / new dbury, La and Sout nd seve execute are qual est of my ons that o	and date  and date  a Cañada th Pasade erity of i  this cons ified to pe / knowled erse reac could com	given. S  given. S  given. S  given. S  given. S  given. S  a Flintric  ena. Ne  infection  ent and  e	ge, La Cresce ed proof of ra ous disease authorize the ne procedure(sous informed to vaccinations. e the safety ar oet's chances	nta, Monrovabies. in our pet requested ps) and alway ne veterinari The veterin nd/or health of contractin	ria, Pasaces.  roccedure vs take in an and starian ma of that ar arg the dis na Huma	Don't kno And Don't kno Don't kno And Don't kno And Don't kno Don't kno And
City:   State:   ZIP:   Pet's Breed:   Pet's Color(s):	City:  Emergency Phone  To assist with the needs of your pet, pleas Has your pet received vaccinations befor Does your pet have any health concerns? Has your pet received medications? Has your pet ever had a vaccine reaction Is your pet possibly pregnant? Has your pet recently had coughing, snew vomiting, diarrhea, inappetence, or lethant Do you need to renew or get a new licens today? (only for residents in our service of In granting this consent to vaccinate, I am the owner of the animal(s) presented for understand the staff of The Pasadena Humanthe safety of the animal(s) first. I agree to come current medical conditions or medications that administer vaccine(s) to any animal which can I understand that the vaccination of my pet will vaccinated against. I understand that it can tal & SPCA Wellness Clinic uses only the highest develop anorexia, lethargy, fever, and sorenesusually minor and usually resolve without the reaction to the vaccination, such as urticaria (trespiratory distress, collapse, and in serious of Pasadena Humane Society & SPCA or the loc Should my animal(s) become ill or injured due responsible. I understand I may be referred to understand that the staff veterinarian does not comprehensive exam should be performed yethe Pasadena Humane Society Wellness Clinibite, my animal(s) will need to be held for a ral Department. I assume all risks associated with and employees from any and all claims arising Owner/agent hereby agrees to indemnify and burglary, extreme weather, or natural disasters I HAVE READ & UNDERSTOOD THE COND  OWNER SIGNATURE (must be 18 y STAFF ONLY)  Requested Feline Service	Alte  de read a de? ? ?  ezing, rgy? de area)  fectively I hereby services a de Society ply with the may incre anot be con I substant ke up to 2 de quality of des within a	Ind ansv No	wer the year year year year year year year yea	s: (explains: (explain	n vaccine n) ation) n) n) n) val / new dbury, La and Sout nd seve execute are qual est of my ons that o	and date  and date  a Cañada th Pasade erity of i  this cons ified to pe / knowled erse reac could com	given. S  given. S  given. S  given. S  given. S  given. S  a Flintric  ena. Ne  infection  ent and  e	ge, La Cresce ed proof of ra ous disease authorize the ne procedure(sous informed to vaccinations. e the safety ar oet's chances	nta, Monrovabies. in our pet requested ps) and alway ne veterinari The veterin nd/or health of contractin	ria, Pasaces.  roccedure vs take in an and starian ma of that ar arg the dis na Huma	Don't kno And Don't kno Don't kno And Don't kno And Don't kno Don't kno And
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o assist with the needs of your pet, please read and answer the following:    Has your pet received vaccinations before?   No   Yes: (explain vaccine and date given. Show records)   Don't k   Boes your pet have any health concerns?   No   Yes: (explain)   Don't k   Has your pet received medications?   No   Yes: (explain)   Don't k   Has your pet vere had a vaccine reaction?   No   Yes: (explain)   Don't k   Has your pet vere had a vaccine reaction?   No   Yes: (explain)   Don't k   Has your pet recently had coughing, sneezing,   Veniting, diarrhae, inappetence, or lethargy?   No   Yes: (explain)   Don't k   Has your pet recently had coughing, sneezing,   Veniting, diarrhae, inappetence, or lethargy?   No   Yes: (renewal / new)     Has your pet recently had coughing, sneezing,   Veniting, diarrhae, inappetence, or lethargy?   No   Yes: (renewal / new)     Has your pet recently had coughing, sneezing,   Veniting, diarrhae, inappetence, or lethargy?   No   Yes: (renewal / new)     Has your pet recently had coughing, sneezing,   Veniting, diarrhae, inappetence, or lethargy?   No   Yes: (renewal / new)     Has your pet recently had coughing, sneezing,   Veniting, diarrhae, inappetence, or lethargy?   No   Yes: (renewal / new)     Has your pet recently had coughing, sneezing,   No   Yes: (renewal / new)   Don't k   Has your pet recently had coughing, sneezing,   No   Yes: (renewal / new)   Don't k   Has your pet recently had coughing, sneezing,   No   Yes: (renewal / new)   Don't k   Has your pet recently had coughing, sneezing,   No   Yes: (renewal / new)   Don't k   Has your pet recently had coughing, sneezing,   No   Yes: (replain)   Don't k   Has your pet recently had coughing, sneezing,   No   Yes: (explain)   Don't k   Has your pet recently had coughing, sneezing,   No   Yes: (replain)   Don't k   Has your pet recently had coughing, sneezing,   No   Yes: (replain)   Don't k   Has your pet recently had coughing, sneezing,   No   Yes: (replain)   Don't k   Has your pet recently had coughing, sneezing,   No   Yes:	o assist with the needs of your pet, pleas Has your pet received vaccinations befor Does your pet have any health concerns? Has your pet received medications? Has your pet ever had a vaccine reaction Is your pet possibly pregnant? Has your pet recently had coughing, snew yomiting, diarrhea, inappetence, or lethat Do you need to renew or get a new licens today? (only for residents in our service at I am the owner of the animal(s) presented for understand the staff of The Pasadena Humanthe safety of the animal(s) first. I agree to come current medical conditions or medications that administer vaccine(s) to any animal which can I understand that the vaccination of my pet will vaccinated against. I understand that it can tal & SPCA Wellness Clinic uses only the highest develop anorexia, lethargy, fever, and sorenesusually minor and usually resolve without the reaction to the vaccination, such as urticaria (frespiratory distress, collapse, and in serious con Pasadena Humane Society & SPCA or the loc Should my animal(s) become ill or injured due responsible. I understand I may be referred to understand that the staff veterinarian does not comprehensive exam should be performed yethe Pasadena Humane Society Wellness Clinibite, my animal(s) will need to be held for a ral Department. I assume all risks associated with and employees from any and all claims arising Owner/agent hereby agrees to indemnify and burglary, extreme weather, or natural disasters I HAVE READ & UNDERSTOOD THE COND	e read a e? ? ezing, rgy? se area) fectively I hereby services a e Society ply with the may increated anot be continued by the continued by th	No No No No Altader Marino / reduce & SPCA neir instruease my introlled of vaccines a few hou	wer the Yes Yes Yes Yes Yes Yes Yes Yes Yes Ye	s: (explains: (explain	n vaccine n) ation) n) n) n) val / new dbury, La and Sout nd seve execute are qual est of my ons that o	a Cañada th Pasade erity of i this cons ified to pe / knowled erse reac could com	given. S  a Flintricena. Neinfections to compromise attemptions attemptions attemption.	ge, La Cresce ed proof of ra bus disease authorize the enterprocedure (store the control of the	requested p s) and alway ne veterinari The veterin nd/or health	ers.  procedure /s take in an and si arian ma of that ar ag the dis na Huma	Don't kno Don't
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Has your pet received medications?   No   Yes: (explain)   Don't k Has your pet ever had a vaccine reaction?   No   Yes: (explain)   Don't k your pet possibly pregnant?   No   Yes: (explain)   Don't k your pet possibly pregnant?   No   Yes: (explain)   Don't k your pet possibly pregnant?   No   Yes: (explain)   Don't k your pet possibly pregnant?   No   Yes: (explain)   Don't k your pet possibly pregnant?   No   Yes: (explain)   Don't k your pet possibly pregnant?   No   Yes: (explain)   Don't k your pet possibly pregnant?   No   Yes: (explain)   Don't k your pet possibly pregnant?   No   Yes: (explain)   Don't k your pet pet possibly pregnant?   No   Yes: (explain)   Don't k your pet pet possibly pregnant?   No   Yes: (explain)   Don't k your pet	Has your pet received medications?  Has your pet ever had a vaccine reaction  Is your pet possibly pregnant?  Has your pet recently had coughing, snew yomiting, diarrhea, inappetence, or lethan Do you need to renew or get a new license today? (only for residents in our service at In granting this consent to vaccinate, I am the owner of the animal(s) presented for understand the staff of The Pasadena Humann the safety of the animal(s) first. I agree to come current medical conditions or medications that administer vaccine(s) to any animal which can I understand that the vaccination of my pet will vaccinated against. I understand that it can tall & SPCA Wellness Clinic uses only the highest develop anorexia, lethargy, fever, and sorenes usually minor and usually resolve without the reaction to the vaccination, such as urticaria (frespiratory distress, collapse, and in serious or Pasadena Humane Society & SPCA or the loc Should my animal(s) become ill or injured due responsible. I understand I may be referred to understand that the staff veterinarian does not comprehensive exam should be performed ye the Pasadena Humane Society Wellness Clinic bite, my animal(s) will need to be held for a ral Department. I assume all risks associated with and employees from any and all claims arising Owner/agent hereby agrees to indemnify and ourglary, extreme weather, or natural disasters I HAVE READ & UNDERSTOOD THE COND  OWNER SIGNATURE (must be 18 y STAFF ONLY  Requested Feline Service	ezing, rgy? se area)  fectively I hereby services are Society ply with the may increated anot be continued by the continued b	No N	Yes	s: (medicas: (explains: (explains	ation)  n)  val / new dbury, La and Sout nd seve  execute are quali est of my ee for adv ons that of	a Cañada th Pasade th Pasade th Pasade this cons ified to pe y knowled terse read could con ely elimina	ena. Ne infection de comment de c	authorize the ne procedure(s ve informed the vaccinations. e the safety ar pet's chances of the procedure of the safety ar pet's chances of the procedure of th	requested p s) and alway ne veterinari The veterin nd/or health	ers.  procedure /s take in an and si arian ma of that ar ag the dis na Huma	Don't kno Andena, San  es. I ato account taff of any ay refuse to nimal.  Bease(s) ane Society any pet may
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Altadena, Arcadia, Bradbury, La Cañada Flintridge, La Crescenta, Monrovia, Pasadena, San Marino, Sierra Madre, and South Pasadena. Need proof of rabies.  The goal of animal vaccination is to effectively reduce the extent and severity of infectious disease in our pets. In granting this consent to vaccinate, I hereby state that:  I am the owner of the animalist presented for services and have the authority to execute this consent and authorize the requested procedures. I understand the staff of The Pasadena Humane Society & SPCA Wellness Clinic are qualified to perform the procedure(s) and always take into account the safety of the animalist (sirst. Lagree to comply with their instructions. To the best of my knowledge, I have informed the veterinarian and staff of any current medical conditions or medications that may increase my animal(s) chance for adverse reactions to vaccinations. The veterinarian may refuse to administer vaccine(s) to any animal which cannot be controlled or due to conditions that could compromise safety and/or health of that animal.  I understand that the vaccination of my pet will substantially reduce but may not completely eliminate my pet's chances of contracting the disease(s) vaccinated against. I understand that it can take up to 2 weeks for vaccinations to protect my animal. I understand that the Pasadena Humane Society vaccinated against. I understand that it can take up to 2 weeks for vaccinations to protect my animal. I understand that they understand that they are vaccine reactions are possible. I understand that they understand that they are vaccine reactions are possible. I understand that they are vaccine reactions are possible. I understand that they are vaccine reaction to the vaccination, such as unicaria (hives) and pruritis (tiching) of the face and ears, muzzle swelling, vorniting with or without diarrhea, or respiratory distress, collapse, and in serious cases left untreated, even death, which may occur within minimizing or with the pasadena Humane Society & SPCA, its	The goal of animal vaccination is to ef In granting this consent to vaccinate, I am the owner of the animal(s) presented for understand the staff of The Pasadena Human the safety of the animal(s) first. I agree to com current medical conditions or medications that administer vaccine(s) to any animal which can I understand that the vaccination of my pet wil vaccinated against. I understand that it can tal & SPCA Wellness Clinic uses only the highest develop anorexia, lethargy, fever, and sorenes usually minor and usually resolve without the reaction to the vaccination, such as urticaria (trespiratory distress, collapse, and in serious con Pasadena Humane Society & SPCA or the locustry of the Independent of the Vaccination of t	fectively I hereby services a e Society ply with the may increated anot be con- I substant ke up to 2 t quality of the services and the services are the services and the services are the servic	Altader Marino / reduce state the and have & SPCA heir instruease my introlled or dially redu weeks for vaccines a few hou	na, Arca, Sierra e the e nat: the aut Wellne uctions. animal( or due to uce but i or vacci s availa	Adia, Brad Madre, a xtent ar hority to e ss Clinic To the be s) chance o condition may not conditions to ble and I	dbury, La and Sout nd sever execute are qualitiest of my te for advocate that complete	a Cañada th Pasade th Pasade th Pasade this cons ified to pe y knowled terse read could con ely elimina	ena. Ne infection de comment de c	authorize the ne procedure(sous disease authorize the ne procedure(sous informed the vaccinations. The the safety are the safety are the chances of the control of the cont	requested p s) and alway ne veterinari The veterin nd/or health	ers.  procedure /s take in an and si arian ma of that ar ag the dis na Huma	es. I  to account taff of any ay refuse to nimal.  sease(s) ine Society my pet may
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Pasadena Humane Society & SPCA • 361 Raymond Ave. • Pasadena, CA 91105 Tel: 626-792-7151 ext 132 • Fax: 626-568-8716 • www.pasadenahumane.org • snip@pasadenahumane.org