Brook-Ellis Pet Hospital

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Vaccination Consent Form

Vaccination Medical Consent Form

PLEASE READ AND CONSENT TO THE FOLLOWING:

- Vaccines are an important component of a patient's health. Many of the diseases that we routinely vaccinate animals against are life-threatening. However, vaccinations are not without some risk. We will guide you on the recommended vaccinations according to your pet's age, lifestyle and previous immunization history. However, it is ultimately your decision to approve vaccinations (with the exception of canine rabies, which is required by law). Please ask our staff if you have any questions.
- I am the owner of the animal(s) presented for services and have the authority to execute this consent and authorize the performance of the requested procedures. I understand the staff of Brook Ellis Pet Hospital (BEPH) will perform the procedure(s) to the best of their ability, always considering the safety of the animal(s) first.
- To the best of my knowledge my animal(s) has no diagnosed allergies to vaccines. I will inform the Veterinarian and staff of any current medical conditions or medications that may increase my animal(s) chance for adverse reactions to vaccinations. I understand that BEPH uses only the highest quality of vaccines available; and I am aware vaccine reactions are possible, though they are rare.

- **If your pet has a history of allergic reactions**, please notify BEPH at the time of check in. If your pet has had an allergic reaction to a vaccination, the procedure is as follows:
  - Appointments must be made during the morning to allow for enough time to adequately monitor your pet.
  - Your pet will receive "pre-medication" injections (**$65**) to help prevent an allergic reaction. The medications may include diphenhydramine (an antihistamine) and dexamethasone SP (a short-acting steroid). **Please let us know if your pet takes an anti-inflammatory medication (NSAID).** After the pre-medication injections, we will wait approximately 15 minutes before vaccinating. We will monitor him/her for about 30 minutes after vaccination to observe for signs of an allergic reaction.

- Should my animal(s) become ill due to vaccines, I will not hold BEPH responsible. I agree to treat any medical concerns/conditions or vaccine reactions at BEPH or an emergency clinic. I am aware that this will be my own financial responsibility.
- I understand that my pet(s) has not received a full comprehensive examination today. Only my animal's medical records have been examined to determine the appropriateness of vaccinations selected.
- My animal(s) has had no recent occurrences of abnormalities such as coughing/sneezing, vomiting/diarrhea, runny eyes/nose, or fever. I certify that my animal(s) is in good health. We have the right to refuse services if it will cause harm to your animal(s). If an illness is identified, be aware your animal's vaccines may be delayed until said illness is addressed.

the patient

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Please select one

- My pet has a history of vaccine reactions and I DECLINE the recommended pre medications.
- My pet has a history of vaccine reactions and I APPROVE the recommended pre medications.
- My pet does not have a history of vaccine reactions and I would like the pre medications as a precaution.
- My pet does not have a history of vaccine reactions and I do not want the pre medications.

Signature

Date
