

Baker Bristol Pet Hospital

Vaccination Clinic Medical Consent Form

PLEASE READ AND CONSENT TO THE FOLLOWING:

♣ 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 Baker Bristol Pet Hospital (BBPH) 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 BBPH uses only the highest quality of vaccines available; and I am aware vaccine reactions are possible, though they are rare.

♣ Should my animal(s) become ill due to vaccines, I will not hold BBPH responsible. I agree to treat any medical concerns/conditions or vaccine reactions at BBPH or an emergency clinic. And 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 your animal's medical records have been examined to determine the appropriateness of vaccinations selected.

♣ My animal(s) have 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.

PET'S NAME: _____

PRINT OWNER NAME: _____

OWNER SIGNATURE: _____

DATE: _____