

LITTLE APPLE VETERINARY HOSPITAL



CLIENT INFORMATION

Owner:				Date:	
	M Initial	Last Name			
Address:	Apt./Lot Number		City	State	Zip Code
Phone:	Cell	Email:			
Driver's License:	State Exp Date	or Social Se	curity Number: _		
Employer:		Phone			
			Address	1. t. a	
Spouse/Owner's Agent: First Name	M Initial	Last Name	Helationsi	nip to Owner:	
Phone: Home	Cell	Work			
How did you learn about us?			Othor	I Pacammand	ad
	_				
Number of pets in household: D	_		, -,		
Preferred reminder method:	Email J Post Card	→ No reminde	rs, please		
PATIENT INFORMATIO	N				
Pet's Name:		S _i	pecies: ┛Dog	☐ Cat ☐ Other:	
Age/Birthday:	Sex:	☐ Male ☐ Fema	ale 🗀 Unknown	Neutered/Spayed	d: ☐ Yes ☐ No
Breed:	Col	or(s):		Weight	•
Where did you obtain this pet?	→ Breeder → Pet Sho	op ⊿ Shelter	∟ Other:		
History: Previous Vet/Location: _					
With whom may we share your p	et's information? An	yone 🗀 Other v	veterinary hospita	als 🖫 Grooming/b	oarding facilities
☐ Individuals named:			•	_	_
My pet has a microchip: Yes					
Prior Surgeries:	·				
Diet/Medication:					
Reason for today's visit:					
•					· · · · · · · · · · · · · · · · · · ·
AUTHORIZATION	An arrangalan arrangan arriba a farr				11
I hereby authorize the veterinarian incurred in the care of this animal. deposit may be required. A charge	I also understand that th	ose charges must	be paid by the tir	me of the release of	the pet and that
Signature of Owner/Spouse/Owner's Agent: _				Date:	
Accepted Forms of Payment:	Cash Check	MasterCard	Visa Disc	over Care Cred	li+



Little Apple Veterinary Hospital

VACCINE INFORMED CONSENT

Our hospital staff believes that informed pet parents are better able to make decisions helping their pets live longer and healthier lives.

Vaccinations are common procedures that have reduced illness in humans and pets to such an extent that they are considered routine and completely harmless. While this is true in the overwhelming majority of cases, the incidence of side effects should not be ignored. With the proliferation of regulatory issues, even in veterinary medicine, we ask that you read and sign this "informed consent" before vaccination is performed. A copy will be kept in your pet's file so that you will not be asked to sign before each vaccination.

Vaccines are medical health agents that stimulate protective immune responses in pets that prepare them to fight against further infections from exposure to disease causing agents. Vaccines can reduce the severity of future diseases and certain vaccinations may prevent the disease infection completely.

Although pets respond well to vaccines, vaccination, like any other medical procedure, does carry some risk. The most common adverse responses are mild and short term, including fever, sluggishness, and reduced appetite. Pets may also experience pain or subtle swelling at the site of the vaccination. Although most adverse responses resolve in a day or two, excessive pain, swelling, or listlessness should be reported to us and discussed.

Rarely, serious adverse responses can occur. Contact our hospital immediately if your pet has repeated vomiting or diarrhea, whole body itching, difficulty breathing, collapse, or swelling of the face or legs. Rare adverse vaccine reactions have also been implicated in causing autoimmune dysfunction and injection site tumors. These can occur in approximately one out of every 40,000 to 50,000 vaccinations.

Not all pets should be vaccinated with all vaccines just because these vaccines may be available. "Core" vaccines are recommended for most pets while "Non-Core" vaccines are appropriately added for those pets whose lifestyles may put them at risk. Information that you provide to us about your pet's anticipated lifestyle will help us, together, choose the "Non-Core" vaccines that might be considered for your pet.

There is evidence that the disease fighting immunity triggered by some vaccines may provide protection beyond one year for some pets. Conversely, the immunity triggered in some pets may fail to protect them for a full year. The problem that we encounter is that we don't know beforehand in which pet these two possibilities occur. There currently exists no test other than direct or indirect exposure to infection that can determine the duration or effectiveness of any individual pet's immunity.

Since the risk of contracting the preventable disease is greater than the risk of any adverse effects, our hospital and its doctors follow the federally approved vaccine manufacturer's label guidelines. Your informed consent is now required.

I have read and understand the above hospital's communication about the benefits and risks associated with vaccinating my pet(s); I give my informed consent to proceed with vaccinating my pet(s), and hold harmless the above named hospital, its officers and staff from any and all adverse reactions that may occur as a result.

Printed Name (owner or agent)	
Signature	Date

Boarding and Hospitalization Information

The Little Apple Veterinary Hospital provides boarding services and extended hospitalization for our clients' pets. Even though we provide these services, pets will not be subject to 24-hour supervision by a person physically on the premises. If you experience an emergency after our business hours, then please contact KSU Veterinary Emergency Care at (785) 532-5690.

Our office hours are 7am-7pm M-F, 8am-5pm on Saturdays, and 4pm-6pm on Sundays (for pet pick-up only). If you arrive outside our business hours, then we may not be able to assist you. We check our email and voice mail daily.