

# Vax Alliance for Humane Action

Date: \_\_\_\_\_ No: \_\_\_\_\_

Animal's Name: \_\_\_\_\_

Age: \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_

☐ Dog ☐ Cat

Gender: ☐ Male ☐ Female ☐ Altered

Owner Name: \_\_\_\_\_

Address: \_\_\_\_\_

County: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Are you an existing client of AHA! Clinic? ☐ Yes ☐ No

Any injuries or prior medical conditions? ☐ Yes ☐ No

Currently on any medications? ☐ Yes ☐ No

Please explain: \_\_\_\_\_

Notes from veterinarian: \_\_\_\_\_

I, the undersigned, acting as the owner/guardian of the above animal(s), authorize veterinarian(s)/Vet Techs/Volunteers contracted by Alliance for Humane Action (AHA!)

As a participant in the spay/neuter program and as a visitor to a veterinary clinic, I assume the risks of being bitten, scratched, injured or frightened by animals at the clinic. AHA! Is not liable to me for any injuries, damages, liabilities, losses, judgements, costs, or expenses whatsoever, which I might suffer or sustain in connection with my participation in the Vaccination program.

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Check-In Initials: \_\_\_\_\_ Payment: CC CASH

## Feline Vaccines/Tests

☐ FVRCP \$25

☐ 1 Yr Rabies \$20

☐ McHenry

☐ Lake

\*Plus Tag Fee Rabies

☐ FIV/FelV Test \$35

☐ Microchip \$35

☐ Nail Trim \$15

☐ Dewormer\*

☐ Revolution \*

## Canine Vaccines/Tests

☐ Distemper Only \$25

☐ 1 Yr Rabies \$20

☐ McHenry

☐ Lake

\*Plus Tag Fee Rabies

☐ Distemper/Lepto \$30

☐ Bordetella Vaccine \$25

☐ Heartworm Test \$35

☐ Microchip \$35

☐ Nail Trim \$20

☐ Dewormer\*

- \*Canine Revolution is only available with Negative Heartworm test.
- \*Dewormer and Revolution Fees are based on weight

## SNAP TEST RESULTS

(Vet use Only)

### FIV

☐ Positive ☐ Negative

### FelV

☐ Positive ☐ Negative

## Canine Heart Worm Test Results

☐ Negative ☐ Positive

Current Weight \_\_\_\_\_

Microchip number

Rabies Tag #

Amount Due: \_\_\_\_\_

Place Stickers here