

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