

Pet's Name: _____ **Pet Owner's Name:** _____

Consent for Treatment - Vaccinations

Vaccines are a very important part of health care for dogs and cats. The purposes of vaccinations are to stimulate your pet's immune system against certain very serious contagious illnesses. We do the best within our capabilities to minimize risk associated with vaccinations; however - similar to humans - some pets may have an adverse/abnormal reaction to one or more of the vaccines, without any warning.

Normal response to a vaccine may include a very low grade fever, mild lethargy and decreased appetite for 24 hours.

Some pets may also develop a localized reaction at the injection site (a swollen lump that may last up to 2-3 weeks). Usually this does not require treatment unless the swelling continues to grow and seems to bother your pet.

You should always inform our office of any type of reaction that your pet may have, or has had in the past, including the site of the reaction and the time elapsed after vaccination.

Please monitor your pet for at least 4-6 hours after any injectable vaccine has been administered. If any of the above-mentioned abnormal responses occur, contact us immediately. If any of the above-mentioned abnormal responses occur after hours, take your pet to the nearest emergency clinic (**See Emergency clinic below**).

I acknowledge and consent to my pet _____ receiving vaccinations from **The Healthy Pet Veterinary Clinic**.

I acknowledge, understand and agree that costs for the vaccinations, including the costs of any followup treatment for normal responses as well as allergic reactions to the vaccinations, will be my financial responsibility.

I will not hold **The Healthy Pet Veterinary Clinic, PC** (including its doctors, employees and agents) liable or responsible for any abnormal or allergic reaction(s) by my pet in response to the vaccinations given by the clinical staff to my pet - except in the case of gross negligence.

Upon my signature below, I certify that I have read and understand all of the above statements pertaining to my pet's vaccinations and that I agree with the above statements:

Pet Owner's Signature: _____ Date: _____

EMERGENCY CLINIC:
South Atlanta Veterinary Emergency Center (SAVES)
(770) 460-8166
1090 Highway 54 East
Fayetteville, GA 30214