

If your pet has been examined within the last year, the Express Care Vaccination Program is for you. Just complete this form and our staff will accommodate you as quickly as possible. Due to regulatory concerns, Express Care is limited to established patients only.

Client's Name: _____
Address: _____ Phone: _____
Name: _____ Species: _____ Breed: _____
Sex: _____ Altered: Y N Color: _____ Age: _____

Is your pet on heartworm/parasite preventative? [] No [] Yes - Brand: _____
Is your pet on flea/tick preventative? [] No [] Yes - Brand: _____
Is your pet on any other medications? [] No [] Yes - What? _____

I request vaccinations be administered to the pet described above without examination or consultation. Please sign to request participation in our Express Care Vaccination Program, and to verify the information you have provided is accurate. To the best of my knowledge my pet is healthy with no diagnosed allergies to vaccines and signs of illness. I also certify that my pet has not bitten any person in the last fifteen days, and to the best of my knowledge has not been exposed to rabies.

Owner's Signature: _____ Date: _____

I request the following vaccinations: **A biohazardous waste disposal fee of \$4.89 will be added to the invoice**

Canine:

Feline:

- [] Rabies- 1 year \$19.00
County License Certificate 1 yr + admin fee- \$23.00
[] Rabies- 3 year \$28.00
County License Certificate 1 yr + admin fee- \$23.00
[] DA2PP- 3 year \$22.00
[] Leptospirosis \$25.00
[] Borrelia (Lyme) \$34.00
[] Bordetella Intranasal- 12 month \$25.00
[] Bordetella Injectable- 12 month \$25.00
[] Microchip \$52.00
[] Proheart 12
[] Influenza (H3N2) \$32.00
[] Influenza (H3N2 and H3N8) \$46.00
[] Pre-paid fecal \$32.85
[] Heartworm Test \$41.89

- [] Rabies- 1 year (PUREVAX) \$29.00
County License Certificate 1 yr + admin fee- \$23.00
[] Rabies- 3 year (PUREVAX) \$67.00
County License Certificate 1 yr + admin fee- \$23.00
[] FVRCP \$23.00
[] Feline Leukemia \$41.00
[] Pre-paid fecal \$32.85

* Is your pet being boarded/groomed/etc. soon? Yes No

Additional request(s): _____

To refuse the Manatee County License, please sign below. (Note: a substantial fee may be imposed by Manatee County.)

I refuse the Manatee County License. Signature _____ Date _____

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

Date: _____ Chart Number: _____

(Hospital Use Only)

W: _____

T: _____

P: _____

R: _____

M/M: _____

CRT: _____

Auscultation: () Normal () Abnormal

Comments: _____

Doctor's Initials: _____