



Veterinary Medicine & Surgery

EXPRESS CARE VACCINATION PROGRAM

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? Is your pet on flea/tick preventative? Is your pet on any other medications?

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.

Owner's Signature: Date:

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

Table with 2 columns: Canine and Feline. Lists various vaccines and their costs, such as Rabies-1 year (\$20.00), DA2PP-3 year (\$23.00), and Influenza (H3N2) (\$33.00).

* 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: _____