



## Vaccination Consent Form

I hereby authorize the doctor(s) of Airpark Animal Hospital to vaccinate my pet(s). I understand that vaccine reactions may happen and include:

- Facial swelling
- Itching/scratching around the injection site
- Lethargy
- Lack of appetite
- Vomiting and/or diarrhea
- Hives and/or reddened skin
- Anaphylactic shock and/or death

I further understand that these reactions are idiosyncratic and cannot be predicted. The doctor(s) of Airpark Animal Hospital have gone over the relative risks of disease for my pet(s), and I have chosen vaccines based on this information. I will not hold the doctor(s) and staff of Airpark Animal Hospital responsible for any of the above occurrences. I also agree to pay for all costs involved in treating any reactions should they occur. \_\_\_\_\_

Initials

I agree to the following vaccines:

- Dogs:
- DHPP 1yr/3yr
  - RV 1yr/3yr
  - Bordetella
  - Other

- Cats:
- FVRCP 1yr/3yr
  - RV
  - FELV
  - Other

Date \_\_\_\_\_ Owner's Signature \_\_\_\_\_