



Owner's Name: \_\_\_\_\_ Pet's Name: \_\_\_\_\_

Age: \_\_\_\_\_ Breed: \_\_\_\_\_ Sex: M F Spayed/Neutered

Has your pet ever experienced a reaction to vaccines: Y N

If yes, please describe the symptoms noted and which vaccine was the cause if known:

I would like to have my pet receive the following vaccinations &/or services performed during his/her stay: **(please initial next to the requested services/vaccination)**

- |  |  |
|--|--|
| <input type="checkbox"/> Rabies - \$20                                     | <input type="checkbox"/> Ear Hair Removal - \$12   |
| <input type="checkbox"/> My pet has not bitten anybody in the past 10 days | <input type="checkbox"/> Heartworm Test - \$25   |
| <input type="checkbox"/> DAPP - \$30                                       | <input type="checkbox"/> Interstate Health Certificate - \$75  |
| <input type="checkbox"/> Bordetella - \$25                                 | <input type="checkbox"/> Drontal Plus Dewormer - \$9-\$60 price based on weight  |
| <input type="checkbox"/> Lyme - \$34                                       | <input type="checkbox"/> Single Dose Frontline Plus (flea & tick) - \$17-\$23 price based on weight  |
| <input type="checkbox"/> Rattlesnake - \$25                                | <input type="checkbox"/> Single Dose Revolution (flea, ear mite & heartworm- heartworm test within last 60 days or currently on monthly heartworm prevention required) - \$18-\$27 price based on weight |
| <input type="checkbox"/> Leptospirosis - \$15                              | <input type="checkbox"/> Diphenhydramine Premedication (recommended for pets with a history of vaccine reaction) - \$20  |
| <input type="checkbox"/> Microchip - \$35                                  |  |
| <input type="checkbox"/> Nail Trim - \$12 (\$22 with extra restraint)      |  |
| <input type="checkbox"/> Anal Gland Expression - \$20                      |  |
| <input type="checkbox"/> Ear Swab with Microscopic Exam - \$30             |  |

If you would like us to contact your regular veterinarian to check on your pet's vaccine history and if he/she is due for any vaccines please initial and list your veterinary clinic and city/state below, otherwise leave blank

\_\_\_\_\_ I authorize Oregon Mobile Veterinary Services Inc. and Dr. DeBellis to request my pets medical history from \_\_\_\_\_ and perform vaccine boosters if due.

**Please initial and sign back**

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[www.oregonmobilevet.com](http://www.oregonmobilevet.com)



**Please initial each item**

\_\_\_\_\_ I understand that in order to receive any vaccinations or services my pet must have an exam performed to ensure they are healthy enough to receive treatments. I agree to pay the \$25 exam fee in addition to the vaccinations/services I authorized above.

\_\_\_\_\_ The services will be performed during your pet's stay at *Buster and Lilly's Doggy Daycare*. I understand that the vaccines/services will be administered or performed by a licensed veterinarian in the state of Oregon. I also hold harmless, *Oregon Mobile Veterinary Services Inc.*, Dr. DeBellis, her staff, and *Buster and Lilly's Doggie Daycare* from any liability resulting from services that I have authorized her to perform.

\_\_\_\_\_ I understand that even when healthy, pets can have reactions to vaccinations. Reactions can include vomiting, diarrhea, hives, facial swelling, pain/swelling at the injection site, anaphylaxis, shock, and on rare occasions, soft tissue neoplasia or death of the animal.

\_\_\_\_\_ We do not have the ability to know beforehand if a pet will have a reaction, and you the owner, agree to hold harmless, *Oregon Mobile Veterinary Services Inc.*, Dr. DeBellis, her staff, and *Buster and Lilly's Doggie Daycare*, from any liability in the event your pet has a reaction. I hereby authorize Dr. DeBellis to treat my pet for any vaccination reaction that may occur in her presence. This may include placing an IV catheter, administering emergency medication and/or transportation of my pet to a local emergency clinic for treatment. I agree to incur all expenses related to treating my pet in the event of a vaccine reaction.

Owner's Signature: \_\_\_\_\_

Date: \_\_\_\_\_