



Animal Medical Center of Casa Grande PLLC

Vaccine Informed Consent for _____

At Animal Medical Center our ultimate goal is to keep your pet(s) healthy and safe. **The benefit** of vaccinating your pet is to develop your pet's immunity against specific serious and deadly diseases.

The risks of vaccination are *uncommon* and are as follows:

1. No vaccine is 100% effective
2. Reactions are uncommon but do occur. Reactions can occur even with no previous reaction history.
3. Over-vaccinating your pet can result in serious medical conditions. We have a 3-year protocol in place to prevent over-vaccination but **vaccine titers are available**. No state allows Rabies titers in place of a Rabies vaccination.

Common Reactions- Normally resolve within 24-48 hours

- Mild pain or swelling at the injection site
- Tired or less active, more quiet than usual
- Loss of appetite

Severe Reactions- REQUIRE IMMEDIATE VETERINARY CARE

- Rapid, difficult or noisy breathing
- Facial or limb swelling
- Hives
- Sudden onset of Diarrhea or Vomiting
- Fever
- Unresponsive sleepiness or collapse

Canine Vaccines (Please initial)

_____ Rabies vaccine
_____ Distemper/ Parvo Combination
_____ Bordetella (kennel cough)
_____ Rattlesnake

Feline Vaccines (Please initial)

_____ FELV
_____ HCPCH (upper respiratory)
_____ Rabies

By signing this form I acknowledge that I understand the risks and benefits of vaccinating my pet. I agree with the vaccinations that will be given to my pet. I agree to be responsible for any charges incurred should a vaccine reaction occur.

Owner/ Guardian Signature

Date