



1900 34th Street South
 St Petersburg, FL 33711
 Phone: (727) 328-7729
 Fax: (727) 323-7729

Walk-In Vaccine Clinic

Prices are valid during vaccine clinic hours only.
 Pets are seen on a walk-in basis, No appointment needed.
 Walk-In Vaccine Clinic hours: Monday- Friday 8am – 11:30 1pm-4pm
 Saturday 8am - 11am

Are you a client of Pet Pal Veterinary Clinic? _____ Are you the owner of this pet? _____

Owner First Name: _____ Owner Last Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Alt Phone: _____

Email: _____

Pet Name: _____ Breed: _____ Color: _____ Age: _____

Male ___ Female ___ Spayed/Neutered: Yes ___ No ___ How did you hear about our clinic? _____

Has your pet ever had any **adverse reactions** to vaccines? _____

Have you seen any coughing, sneezing, vomiting or diarrhea in the last 2 weeks? _____

Do you have any questions or concerns for your pet today? _____

Please note: Today you have come in for our vaccine clinic. The technician exam that your pet will get today is only to ensure the pet is healthy enough to receive vaccines. If you have any concerns or your pet needs to have any problems addressed (example: itchy skin, check ears, not feeling well, etc) you will need to schedule an appointment with the veterinarian and no vaccines can be done today. Thank you for your understanding.

Consent for Vaccinations/Microchipping

I, being of legal age and the owner of the animal described above, have the authority to grant Pet Pal Veterinary Clinic, and its staff my consent to vaccinate and/or microchip the animal named above.

Vaccination Information

Although the benefits of vaccines far outweigh the risks, certain events, some potentially fatal can be associated with vaccinations. It is impossible to predict which pets are prone to vaccine reaction. Some adverse reactions are: fever, soreness at injection site, sore joints, vaccine site lumps, anaphylaxis (hives, facial swelling or vomiting). If any of these signs arise please seek veterinary advice/treatment for the condition.

I have read and understand the materials provided to me. Any questions about vaccines have been answered to my satisfaction. I am aware of the potential benefits and risks of vaccinating my pet. I understand that my signature represents my request to have my pet vaccinated and releases Pet Pal Veterinary Clinic and its agents of all liability.

Owner Signature: _____ **Date:** _____

Please place a check mark in the box of the package and a la carte items you would like for your pet today.

<p>DOGS \$ 65**</p> <p> Tech Exam + \$21 for county license 3-year package - \$90</p> <p> Rabies (1 year only)</p> <p> Distemper/ Parvo <input type="checkbox"/></p> <p> Heartworm Test <input type="checkbox"/></p>	<p>Puppies (under 6 months) \$40</p> <p> Tech Exam</p> <p> Distemper / Parvo <input type="checkbox"/></p> <p> Deworming <input type="checkbox"/></p>
<p>CATS \$ 50**</p> <p> Tech Exam + \$21 for county license</p> <p> Rabies (1 year only)</p> <p> Distemper (FVRCP) <input type="checkbox"/></p>	<p>Kittens (under 6 months) \$40</p> <p> Tech Exam</p> <p> Distemper (FVRCP) <input type="checkbox"/></p> <p> Deworming <input type="checkbox"/></p>

A La Carte Services*		
Technician Exam	\$15	<input type="checkbox"/>
Rabies 1yr	\$22	<input type="checkbox"/>
Rabies 3yr	\$45	<input type="checkbox"/>
County License	\$21	<input type="checkbox"/>
County Lic. 3yr	\$42	<input type="checkbox"/>
Bordetella	\$22	<input type="checkbox"/>
Canine Distemper	\$22	<input type="checkbox"/>
Leptospirosis	\$22	<input type="checkbox"/>
Feline Distemper	\$22	<input type="checkbox"/>
Feline Leukemia	\$27	<input type="checkbox"/>
Felv/FIV snap test	\$43	<input type="checkbox"/>
Heartworm test	\$40	<input type="checkbox"/>
Microchip	\$27	<input type="checkbox"/>
Anal Glands	\$25	<input type="checkbox"/>
Nail Trim (Dog)	\$25	<input type="checkbox"/>
Nail Trim (Cat)	\$20	<input type="checkbox"/>
Dewormer	**	<input type="checkbox"/>

*All ALA CARTE ITEMS – REQUIRE TECH EXAM

**Dewormer priced by weight

Office Use Only: Pinellas County License Tag#: _____

Temp: _____ Weight: _____ H/R: _____/min Respiration: _____/min
 Dewormer: _____ HW Test: neg/pos Felv/FIV: neg /pos Given by: _____

Scanned: _____