

Date: DIXIE DAY SPAY – Vaccine Clinic - Michael Guedron DVM  
182 Airport Road NW Cleveland, TN 37312

Last Name \_\_\_\_\_ First \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Circle: Dog Cat Male Female Approx. Age \_\_\_\_\_ Weight \_\_\_\_\_  
Spayed/Neutered? Yes No

Pet Name \_\_\_\_\_ Breed \_\_\_\_\_ Color \_\_\_\_\_

Has your pet received vaccinations before? \_\_\_\_\_ If any reactions to vaccinations, please explain: \_\_\_\_\_

Any past or current medical conditions: \_\_\_\_\_

Consent for vaccinations, please initial

I give permission for my pet to be vaccinated at Dixie Day Spay and acknowledge that vaccines are not a complete health check and it is recommended that my pet has an established relationship with a full-service veterinary clinic to ensure that complete health care is maintained.

I understand that vaccines may cause unexpected reactions in pets. Although Dixie Day Spay will exercise responsible care and attention to my animal, Dixie Day Spay cannot be held responsible for any and all liabilities. With any vaccination, there is always the risk of adverse reactions, although very rare. These could result in illness, or in extreme cases, death.

Dixie Day Spay recommends that you wait for a period of 15 minutes after vaccinations before leaving the clinic in order to observe the animal for any signs of adverse reaction (s).

I have read, understand, accept and agree to be bound by the above conditions.

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

If your pet has received a Rabies Vaccination before today, what year was it given? \_\_\_\_\_

**DOGS**

\_\_\_\_\_ RABIES Vaccine \$10

\_\_\_\_\_ DHPP (Distemper, hepatitis, parvo, parainfluenza) \$10

\_\_\_\_\_ BORDATELLA (kennel cough) \$10

\_\_\_\_\_ HEARTWORM TEST \$15

**CATS**

\_\_\_\_\_ RABIES Vaccine \$10

\_\_\_\_\_ FVRCP (upper respiratory infections) \$10

\_\_\_\_\_ FELV (Feline Leukemia) \$10

\_\_\_\_\_ Feline Leukemia \$20

\_\_\_\_\_ Nail Trim \$5

\_\_\_\_\_ Deworm (Strongid – roundworms) Adults \$5 Kittens and Puppies \$3

\_\_\_\_\_ **MICROCHIP** with lifetime registration \$20

**Advantage for Fleas**

**Sentinel Spectrum**

**Iverhart Plus**

Cats		Dogs		Weight	One Dose	6 Months	Weight	One Dose	6 Months
2-5 lbs	\$4	Under 10 lbs	\$6	2-8 lbs	\$6	\$34	Up to 25 lbs	\$5	\$27
5-9 lbs	\$6	10-20 lbs	\$8	8.1-25 lbs	\$7	\$40	25.1 – 50 lbs	\$6	\$32
Over 10 lbs	\$9	21-55 lbs	\$11	25.1-50 lbs	\$8	\$46	50.1 – 100 lbs	\$7	\$38
		Over 55 lbs	\$13	50.1 – 100 lbs	\$9	\$52			