

RIVERVIEW ANIMAL CLINIC, P.C.
4640 Hwy 280 South
Birmingham, Alabama 35242

Established Feline Pet Risk Assessment

Client:

Pet:

Breed:

Age:

Help us learn more about your cat by checking all of the following that apply:

- My cat lives totally indoors.
- My cat has contact with other cats that have access outdoors
- I feed the stray cats in my neighborhood.
- My cat is mostly outdoors.
- My cat goes inside and outside.
- My cat loves to roam the neighborhood
- My cat loves to hunt.
- My cat fights: other cats dogs other _____
- My cat goes to the groomer.
- My cat has tested positive for feline leukemia in the past (Date) _____
- My cat has tested positive for feline AIDS in the past (Date) _____
- My cat is used in a breeding program
- My cat attends cat shows
- My cat boards when we go away on vacation
- My cat travels with me when I go on vacation
- My cat has been diagnosed with _____ chronic disease(s).

My cat's current diet: _____

My cat's current flea preventive: _____

- I would like all pertinent Labwork and Vaccines (includes vaccines, fecal exam) [\$52-\$116]
- I would like vaccines only without any labwork [\$52-\$93]

- For my senior pet, I would like all additional tests performed in addition to vaccines (urinalysis, blood pressure, intraocular pressure, Schirmer Tear Test, CBC Chemistry profile, Thyroid profile) [\$278]
- For my senior pet, I decline any additional tests. Please give vaccines only.
- For my senior pet, I would like vaccines and the following tests only: Urinalysis \$37.50
- blood pressure \$19 Intraocular Pressure \$20 Schirmer Tear Test \$13.50
- CBC Chemistry profile T4 \$115

Consent Form for Vaccination Frequency

Summary

Vaccine protocols for cats and dogs are changing. Your pet may no longer need annual vaccines for every disease. This consent discusses the risks and benefits of new vaccine recommendations and authorizes this veterinary practice to proceed with the protocol upon which you and your doctor have decided.

Client account # _____

I, the undersigned owner or agent of the owner of the pet, _____ understand that veterinarians have traditionally recommended that cats and dogs receive annual vaccinations for many diseases. Recent research and publications indicate that the yearly administration of vaccines for all diseases **may not be necessary and may pose some health risks**. However, the government, veterinary community, immunologists at veterinary schools, manufacturers of vaccines, and leaders of the American Veterinary Medical Association are in a state of flux as to the frequency with which such vaccines should be administered. Recommendations from research teams at many universities suggest that the timing of booster vaccines can vary from one to three years depending on the age of the pet, housing environment, region of the country, neighborhood in which the pet lives, and the specific disease the vaccine prevents. High risk pets, such as those residing in catteries or kennels, participating in dog and cat shows, being boarded frequently, or traveling extensively with their owners, may require more frequent boosters.

I am aware that one year in the life of a dog or cat is equal to five to seven years in the life of a human. Because of that rapid aging process and new knowledge showing that the immunity provided by today's vaccines may last longer than originally expected, it is essential that my pet receives a yearly physical examination. The annual exam allows my doctor to administer the appropriate booster vaccines after having reviewed with me any changes in my pet's environment or alterations in vaccination protocols that have come to light in the previous year. I understand that until the scientific community clarifies these issues, vaccination protocols may vary from those previously recommended by this hospital and the profession, thus requiring me to make an informed decision on behalf of my pet. I have been encouraged to ask questions about the risks of complications from and changes in vaccine protocols, have had those questions answered to my satisfaction, and choose one of the following options:

1. I elect that the vaccine booster schedule for my pet be **customized to fit his/her needs based on age, health, breed, and exposure to disease** as suggested by my pet's doctor, even if this means changing to a vaccine frequency recognized as safe and effective by scientists, but not yet approved by the United States Department of Agriculture (USDA) and/or the vaccine manufacturer. I agree to hold my veterinarian harmless in the event such effort to reduce the frequency and minimize known complications of vaccinations inadvertently increases my pet's risks of and fees related to treating any of the diseases for which a vaccine was not administered.

Signature of Owner or Agent

Date

2. I elect to **continue my pet's vaccine boosters on a yearly basis** as suggested by my veterinarian and on the vaccine label and agree to hold my pet's veterinarian harmless in the event such compliance with traditional protocols and labeling laws inadvertently causes a medical complication associated with the use of the vaccine.

Signature of Owner or Agent

Date