

PO Box 77016
Fort Worth, Texas 76177



940-566-5551
www.texasforthem.org
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Owner's Name _____ Date _____

Address _____ City, State, Zip _____

Phone 1 _____ Phone 2 _____ Email _____

Have you visited a TCAP clinic before? Yes No

I have read the information on the back of this form and give my consent to administer the appropriate health care. **TCAP is a low cost service program that provides care for animals belonging to individuals or groups with insufficient resources to purchase the same care from a full service provider. By visiting TCAP and using its services, I acknowledge that my budget will not allow me to use a full service veterinary hospital. TCAP works to make preventative care and sterilization achievable and affordable to those who would otherwise be unable to afford it through the generosity of grants and donations. By signing this document, I verify that I lack sufficient means to provide medical care for my pet at a traditional veterinary clinic.** Please signing below, you understand and choose to have the procedure performed.

Signature: _____

Pet 1	Dog	Cat	
Name:	_____		
Breed:	_____		
Color	_____	Weight:	_____
Sex:	Male	Female	Age: _____
<u>Vaccination Packages</u>			
_____	Premium Canine (Rabies, DAPPv, Lepto, Bordetella, & HW Test)		\$55.00
_____	Basic Canine (Rabies, DAPPv, & Bordetella)		\$25.00
_____	Puppy 6-8 wks (DAPPv, & Strongid)		\$15.00
_____	Puppy 9-11 wks (DAPPv, Bordetella & Strongid)		\$25.00
_____	Puppy Over 12 wks (Rabies, DAPPv, Bordetella & Strongid)		\$30.00
_____	Premium Feline (Rabies, FHCPCh, FeLV, & Strongid)		\$30.00
_____	Basic Feline (Rabies, FHCPCh, & FeLV)		\$25.00
_____	Kitten 9-11 wks (FHCPCh, FeLV, & Strongid)		\$25.00
_____	Kitten Over 12 wks (Rabies, FHCPCh, FeLV, & Strongid)		\$30.00
<u>Canine Vaccinations</u>			
_____	Rabies (Right Hip) subQ Tag Number _____		\$5.00
_____	DAPPv (Left Hip) subQ		\$10.00
_____	Bordetella (Left Shoulder) subQ		\$10.00
_____	Lymes (Right Shoulder) subQ		\$15.00
_____	Leptospirosis (Right Shoulder) subQ		\$10.00
_____	Canine Influenza H3N8/H3N2 (Right Shoulder) subQ		\$20.00
_____	Heartworm Test* (Pos. / Neg.)		\$20.00
I Decline HW Test and/or Prevention			
<u>Feline Vaccinations</u>			
_____	Rabies (Right Hip) subQ Tag Number _____		\$5.00
_____	FHCPCh (Left Hip) subQ		\$10.00
_____	FeLV (Left Hip) subQ		\$10.00
_____	FeLV / FIV Test (Pos. / Neg.)		\$20.00
<u>Miscellaneous Services and Products</u>			
_____	Dewormer - Strongid-T 50mg/mL _____ mLs		\$5.00
_____	Dewormer - Droncit 56.8mg/mL _____ mLs Cat: \$10.00 Dog:		\$15.00
_____	Bravecto (Canine - Oral)		\$40.00
_____	Bravecto (Feline - Topical)		\$40.00
_____	Effitix Plus Flea Prev. (canine) 1 mo. dose \$12.00 3 mo. dose		\$30.00
_____	Effipro Plus Flea Prev. (feline) 1 mo. dose \$12.00 3 mo. dose		\$30.00
_____	Tri-Heart Plus HW Prev	\$25.00 \$30.00	\$35.00
_____	Trifexis 5-10 11-20 21-40 41-60 61-120		\$110.00
_____	Nail Trim		\$10.00
_____	HomeAgain Microchip		\$30.00
_____	Custom ID Tag		\$6.00
_____	Intestinal Parasite Exam		\$15.00
_____	Other _____		\$ _____

Total Charges _____

Veterinarian Signature _____ Texas License Number _____

Pet 2	Dog	Cat	
Name:	_____		
Breed:	_____		
Color	_____	Weight:	_____
Sex:	Male	Female	Age: _____
<u>Vaccination Packages</u>			
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<u>Feline Vaccinations</u>			
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_____	Other _____		\$ _____

Total Charges _____

Payment Method: Cash Credit Card Voucher

***You have 7 days to purchase heartworm prevention after a negative result.**

Rabies Vaccine Information

Nobivac

Merck Animal Health

1 Year USDA Licensed Rabies Vaccine

Rabies Revaccination Due Date _____

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Phone 1 _____ Phone 2 _____ Email _____ Have you visited a TCAP clinic before? Yes No

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Pet 1	Dog	Cat
Name:	_____	
Breed:	_____	Temp: _____
Color	_____	Weight: _____
Sex:	Male	Female
Age:	_____	
<u>Vaccination Packages</u>		
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<u>Canine Vaccinations</u>		
_____ Rabies (Right Hip) subQ Tag Number _____	\$5.00	
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_____ Nail Trim	\$10.00	
_____ HomeAgain Microchip	\$30.00	
_____ Custom ID Tag	\$6.00	
_____ Intestinal Parasite Exam	\$15.00	
_____ Other _____	\$ _____	

Total Charges _____

Veterinarian Signature _____ Texas License Number _____

Pet 2	Dog	Cat
Name:	_____	
Breed:	_____	Temp: _____
Color	_____	Weight: _____
Sex:	Male	Female
Age:	_____	
<u>Vaccination Packages</u>		
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_____ Intestinal Parasite Exam	\$15.00	
_____ Other _____	\$ _____	

Total Charges _____

Payment Method: Cash Credit Card Voucher

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Rabies Vaccine Information

Nobivac

Merck Animal Health

1 Year USDA Licensed Rabies Vaccine

Rabies Revaccination Due Date _____

VETERINARIAN COPY

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Name: _____			
Breed: _____		Temp: _____	
Color _____		Weight: _____	
Sex: _____	Male	Female	Age: _____
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_____	Kitten Over 12 wks (Rabies, FHCPCh, FeLV, & Strongid)		\$30.00
Canine Vaccinations			
_____	Rabies (Right Hip) subQ	Tag Number _____	\$5.00
_____	DAPPv (Left Hip) subQ		\$10.00
_____	Bordetella (Left Shoulder) subQ		\$10.00
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_____	Heartworm Test* (Pos. / Neg.)		\$20.00
I Decline HW Test and/or Prevention			
Feline Vaccinations			
_____	Rabies (Right Hip) subQ	Tag Number _____	\$5.00
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Miscellaneous Services and Products			
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_____	HomeAgain Microchip		\$30.00
_____	Custom ID Tag		\$6.00
_____	Intestinal Parasite Exam		\$15.00
_____	Other _____		\$ _____

Total Charges _____

Veterinarian Signature _____ Texas License Number _____

Pet 2	Dog	Cat	
Name: _____			
Breed: _____		Temp: _____	
Color _____		Weight: _____	
Sex: _____	Male	Female	Age: _____
Vaccination Packages			
_____	Premium Canine (Rabies, DAPPv, Lepto, Bordetella, & HW Test)		\$55.00
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Canine Vaccinations			
_____	Rabies (Right Hip) subQ	Tag Number _____	\$5.00
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_____	Heartworm Test* (Pos. / Neg.)		\$20.00
I Decline HW Test and/or Prevention			
Feline Vaccinations			
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Rabies Vaccine Information

Nobivac

Merck Animal Health

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Home Care Instructions For Your Pet After Vaccinations

Thank you for bringing your pet to TCAP. It is our pleasure to help you and your pet!

In case of reaction to the vaccines or questions, please call TCAP's Client Care Coordinator at 940-395-4306. Call immediately if your pet has a swollen face or hives. Itching or vomiting is also a sign of an allergic reaction. Pets can react to vaccines just like people do. Some of the more common vaccine side effects include, but are not limited to:

- Fever
- Sore vaccine site/muscles
- Behavior changes: grouchy or clingy

These side effects usually run their course within 24 to 48 hours without need for further medical care. You may want to give special attention to your pet during this time, offering their favorite foods to get them to eat and drink.

Rabies: Rabies is a virus that may affect the brain and spinal cord of all mammals. The first rabies vaccination should be given at 3 to 4 months of age, with the first booster shot given one year later. Thereafter, give boosters annually.

Distemper, Hepatitis, Parainfluenza and Parvovirus (DAPPv): Commonly called the "distemper vaccine," this combination vaccine protects against the five diseases in its full name: canine distemper, adenovirus, hepatitis, parainfluenza, and parvovirus. It's given to puppies in a series of three vaccines and then given every year to adult dogs. Along with rabies, DAPPv is considered a set of core vaccines: those universally recommended for dogs no matter what their circumstance.

Bordetella (commonly called "kennel cough"): The bordetella virus causes an extremely contagious upper respiratory infection. Annual boosters are recommended if your dog regularly interacts with large groups of unknown dogs (boarding facilities, groomers, dog parks, etc.).

Leptospirosis: Dogs can become infected with "Leptospira" bacteria by exposure to contaminated water, exposure to urine from an infected animal, bite wounds, and ingestion of tissues from infected animals. Annual boosters are recommended if your dog has potential to come in contact with wild animals or unknown bodies of water.

Lymes: Lyme disease is caused by bacteria called "Borrelia burgdorferi" and is spread by ticks. Annual boosters are recommended (ideally before tick season) if your dog is in an area where ticks may be present.

Canine Influenza (CIV): Commonly known as "the canine flu," canine influenza is easily transmitted between dogs through a combination of aerosols, droplets, and direct contact with respiratory secretions. Annual boosters are recommended if your dog regularly interacts with large groups of unknown dogs (boarding facilities, groomers, dog parks, etc.).

Feline Leukemia: These vaccines are recommended for cats that go outdoors or are in contact with other cats. The vaccine is designed to help protect cats from exposure to Leukemia. The vaccination is given in a series, 3 to 4 weeks apart. Thereafter, give boosters annually.

Feline FHCPCh Combination (feline distemper): This vaccine protects against common upper respiratory diseases such as Rhinotracheitis, Calici, Chlamydia, and Panleukopenia, that cats can catch even if they live indoors. It is recommended if your cat is ever boarded, hospitalized, etc. Many veterinarians, boarding and grooming facilities require this vaccination.

To the best of my knowledge, I certify that my pet(s) is healthy and has not been recently exposed to any illness. My pet(s) has been eating, drinking and active. My pet(s) is not pregnant and had not had any recent occurrences of abnormal coughing, sneezing, vomiting, or diarrhea. I understand that TCAP provides a cursory exam prior to vaccinating my pet(s). This exam is brief and is only intended to determine if the pet(s) can be vaccinated at this time. If my pet(s) has any symptom that concerns me, I should consult my personal, full service veterinarian. I also certify that my pet(s) has not bitten anyone within the past 10 days and has not had a reaction to vaccines in the past. I understand that even though TCAP uses the finest vaccines available to the vet profession, vaccine reactions can and do happen, although uncommon. I also understand the inherent risks of scratches, bites, and/or animal escaping in a mobile vaccination setting and will not hold TCAP responsible for this or any harm to myself or my pet(s) before, during, or after vaccination. I have read this information and give my consent to administer the appropriate health care. I understand that vaccine reactions can occur at no fault of the veterinarian, and I agree to not hold the veterinarian and TCAP at fault if a vaccine reaction occurs. The stated price for taxable items includes Texas sales or use tax. I understand and acknowledge that there is a risk of infectious disease exposure visiting a TCAP location, full service vet hospital or animal shelter, and there is increased risk if my pet has not been vaccinated. TCAP recommends that ongoing pet care be provided by a full-service veterinary clinic.