



<b>STAFF ONLY</b>	
TOTAL AMOUNT:	
DR. T <input type="checkbox"/>	DR. F <input type="checkbox"/>

**LEE COUNTY DOMESTIC ANIMAL SERVICES**  
**5600 Banner Dr., Ft. Myers, FL 33912-4409 \* (239) 533-7387 \* [www.leelostpets.com](http://www.leelostpets.com)**  
**Consent Form for Lee County Domestic Animal Services Rabies Clinic**

Pet Name	Sex	Age	Color	Breed	Microchip Number	Patient ID STAFF ONLY	1 Year RV	3 Year RV

**Services Requested:**

- Rabies 1 year \$5.00  Rabies 3 year \$5.00  Microchip \$10.00
- 1 year license juvenile  1 year license, sterilized & microchipped \$15.00  3 year license sterilized/microchipped \$25.00
- 1 year license unsterilized/un-microchipped \$35.00  3 year license unsterilized/un-microchipped \$65.00

I, the undersigned, certify that I am the owner or agent of the owner of the above-named animal(s), and that I have the authority to give consent for vaccination of this/these animal(s) (hereinafter referred to in this document as "my animal(s)"). If a microchip is detected, Lee County Animal Services will research the microchip, including contacting the registered owner of the pet. In the event of ownership discrepancy, Lee County Animal Services reserves the right to refuse to provide service.

Your pet has been evaluated to determine the appropriateness of immunizations selected. This is not a full and complete physical examination. Vaccination will be performed by a licensed veterinarian as required by Florida State law. I certify that my animal(s) have been in good health for the past two weeks and have not shown any signs of illness, such as but not limited to: reduced appetite, vomiting, diarrhea, coughing, depression, weight loss, pain, or problems with urination or defecation. I also certify that this animal has not bitten or scratched a person in the past 10 days.

**I understand that all vaccinations carry the risk of vaccine reactions, including but not limited to: facial swelling, itching, discomfort or swelling at the vaccine site or elsewhere, fever, difficulty breathing, vomiting or even sudden death.**

Veterinarians and public health officials feel that it is far outweighed by the benefit of protecting your pets and the wider community against rabies.

I will not hold Lee County Animal Services, its employees and agents, including the veterinarian performing the vaccination, liable for any adverse outcome, including injury or death, that my animal(s) may experience following vaccination.

I recognize that vaccination is being performed at a location that is not a full service animal hospital, and as such, the veterinarian giving the vaccine will not be able to perform resuscitation or other medical treatments should my animal(s) require them. If my animal(s) need medical care following vaccination, I will take them to Specialized Veterinary Services, 9500 Marketplace Rd, Ft Myers FL 33912, (239) 647-0588 or another qualified provider of emergency veterinary care at my expense.

I have carefully read all of the above. The nature and purpose of the vaccination being given to my pet, and its attendant risks, have been explained to my full satisfaction. I give my consent for vaccination and agree to financial responsibility for all charges incurred, including any medical treatment that my animal(s) may require following vaccination.

Name of Owner or Agent: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number(s) \_\_\_\_\_ E-mail \_\_\_\_\_

Drivers License Number: \_\_\_\_\_

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