

Nasa Pet Hospital  
16902 North Highway 3  
Webster, Texas 77598  
(281) 332-3418

Informed Consent for Vaccination

I, \_\_\_\_\_, the undersigned owner or agent of the owner of the pet named \_\_\_\_\_ understand that recent research and publications indicate that the yearly administration of certain vaccines for all diseases **may not be necessary and may pose some health risks**. 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, environment, region of the country, and the specific disease the vaccine prevents. High risk pets may require more frequent boosters.

I understand that although vaccines must undergo safety trials to receive licensing in the U.S. and are considered very safe, vaccines can still cause reactions in a small number of pets. Most commonly, dogs or cats will feel tired, may run a fever for 24 to 48 hours after vaccination, and may not eat. In some instances, a small non-painful lump may appear at the site where the vaccination was injected; usually disappearing 4 to 6 weeks later. A few pets, especially smaller ones, will develop facial swelling or hives. Very rarely a severe allergic reaction (anaphylaxis), accompanied by vomiting, diarrhea, breathing difficulties, and collapse occurs. Anaphylactic reactions are rarely fatal if treated immediately and appropriately. I agree to monitor my pet carefully for the next 48 hours after any vaccination, and will seek professional veterinary attention if any of the symptoms are observed.

I understand that because pets age rapidly, it is essential that my pet receive a physical examination yearly. I acknowledge that the annual exam allows my doctor to assess my pet's current health status and administer the appropriate booster vaccines for my pet. I have been encouraged to ask questions about the risks of complications from vaccines 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. I agree to hold Dr Todd McCoy, his associates, and employees harmless in the event such effort to reduce the frequency and minimize known complications of vaccinations inadvertently increases my pet's risks of disease and results in 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 **decline the recommended vaccine booster schedule** for my pet. I agree to hold Dr Todd McCoy, his associates, and employees harmless in the event such effort increases my pet's risk of disease and results in fees related to treating any of the diseases for which a vaccine was not administered.

\_\_\_\_\_  
Signature of Owner or Agent

\_\_\_\_\_  
Date

This consent will be valid for the lifetime of the pet unless revoked in writing by the owner or agent.