

# Great Value Pet Clinic

**11580 Black Forest Road  
Suite 10  
Black Forest CO 80908**

I release \_\_\_\_\_ for routine vaccinations.

(Above is my pet's name – I understand I will need a sperate sheet per pet.)

I agree my pet has been eating and drinking normally. I have seen no abnormal vomiting, diarrhea, coughing, sneezing, or lethargy.

I believe my pet is healthy enough for routine vaccines.

I understand if my pet shows signs of a vaccine reaction including facial swelling, constant vomiting, constant diarrhea, hives, or problems breathing – I will seek help.

I am the owner of the pet or representative for the owner of the pet.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date