

Fort Bliss Veterinary Activity

INFORMATION FOR YOUR UPCOMING RABIES VACCINE CLINIC APPOINTMENT

Per CDC recommendations during the COVID-19 outbreak and until further notice, only VETAC staff are allowed in the clinic building. In order to facilitate a demand for vaccines we are conducting a drive-thru Rabies Vaccination Clinic.

- (At least 1 business day prior) Please fill out and email the attached “Curbside Appointment Check In” Form to your appointed time slot/date. This **MUST** be received or your appointment will be canceled.
- You will be assigned a 1-hour time slot. Please arrive during that time only. If you arrive outside of the appointment time slot, your appointment will be cancelled.
- You will be given a numbered identification card, which will be placed on your windshield (sanitized between each use). Please do not remove it, as this is how we will identify you.
- When you arrive, please ensure you have your mask on prior to any contact between yourself and veterinary staff. Staff will place a sanitized clinic leash on your dog, and will take your dog with both your leash and ours as a preventative measure for escape. Please stay in your car as we examine your pet.
- We ask you to respect our safe distancing, as we respect yours. This is meant to create protective space between all of us, to prevent the spread of COVID-19. Please complete the attached credit card authorization form and bring it to your appointment.
- Once the appointment is complete, we will review your invoice and process any payment using the pre-filled credit card authorization form. We are unable to accept cash payments at this time.
- Once your appointment is complete, a team member will then bring your pet back to your car. We will remove our leash once they are placed and secure in your vehicle.
- Payment will be processed for your appointment today either at the end of the day or during the next business day.
- Invoices and medical paperwork related to your pets appointment today will be emailed to the email provided on this form. Original rabies certificates signed in blue ink and immunization records as well as any requested medications can be picked up within 1-2 business days. We will call when they are available for pick up.

COVID-19 screening:

Please inform us prior to your appointment if you answer 'yes' to any of the following questions. Your honest answers will help us take precautions to keep our staff, you, and others safe.

- 1. Have you been diagnosed with COVID-19 in the previous 14 days?**
- 2. Are you exhibiting associated symptoms such as coughing, fever, or difficulty breathing?**
- 3. In the previous 14 days, have you been in contact with anyone diagnosed with COVID-19, or who is exhibiting symptoms such as coughing, fever, or difficulty breathing?**
- 4. In the previous 14 days, have you travelled outside the United States?**

CURBSIDE APPOINTMENT CHECK IN

Your Name: _____ Pet Name: _____

Please list all medications/supplements/flea and heartworm preventatives:

Please tell us what food your pet eats & amount given:

Are urination and defecation normal? _____

Any vomiting or diarrhea? _____

Any coughing or sneezing? _____

Has your pet had any previous vaccine reactions, such as facial swelling, hives, difficulty breathing?

Has your pet visited or lived outside TX in the last month? If so, where?

Please list any current medical conditions _____

Please list any special instructions with handling your pet. (ex. Removal instructions from your vehicle, temperament concerns, etc.) _____

Thank you for providing us with information about your pet. It will help us streamline the curbside appointment process as much as possible. We greatly appreciate your patience and understanding with our new protocols.

I am the owner/agent for the above animal, and authorize and request an examination for this pet. I understand the doctor will not contact me after she/he has examined my pet and that any findings will require a separate appointment either on post (if available) or with your off-post veterinary provider. I understand that I will be informed only if a finding is noted that precludes my animal from vaccination prior to administration. I authorize my pet to leave my custody and enter the clinic in the care of a clinic team member.

Signature: _____ Date: _____

Vehicle make/model/color: _____

Phone number for doctor to call: _____

Email _____

Vaccine Reaction Information

It is common for pets to experience some or all of the following mild side effects after receiving a vaccine, usually starting within hours of the vaccination. If these side effects last for more than a day or two, or cause your pet significant discomfort, it is important for you to contact your veterinarian:

- Discomfort and local swelling at the vaccination site
- Mild fever
- Decreased appetite and activity
- Sneezing, mild coughing, "snotty nose" or other respiratory signs may occur 2-5 days after your pet receives an intranasal vaccine

A small, firm swelling under the skin may develop at the site of a recent vaccination. It should start to disappear within a couple weeks. If it persists more than three weeks, or seems to be getting larger, you should contact your veterinarian

More serious, but less common side effects, such as allergic reactions, may occur within minutes to hours after vaccination. These reactions can be life threatening and are medical emergencies. Seek veterinary care immediately if any of these signs develop:

- Persistent vomiting or diarrhea
- Itchy skin that may seem bumpy ("hives") or welt formation
- Swelling of the muzzle and around the face, neck, or eyes
- Severe coughing, gagging, or difficulty breathing
- Collapse

If any of these severe reactions occur, seek emergency veterinary care immediately.

Vaccinations and Preventatives

Please place a check mark next to the services/products you would like:

DOGS

PREVENTATIVES

Heartgard (Oral Heartworms) ___ 1 Month ___ 6 Month ___ 1 Year
Bravecto (Oral Flea and Tick) ___ 3 Month ___ 6 Month ___ 1 Year
Advantix (Topical Flea and Tick) ___ 1 Month ___ 6 Month ___ 1 Year

VACCINES

___ Rabies – Core Vaccine
___ Distemper (DAPv) – Core Vaccine
___ Bordetella (Kennel Cough) – Optional Vaccine
___ Leptospirosis – Optional Vaccine

TESTING

___ Heartworm Antigen Test
___ 4DX Test (HW/Ehr/Lyme/Anaplasma) – Heartworm and tick borne disease screening

CATS

PREVENTATIVES

Revolution (Topical Fleas and Heartworm) ___ 1 Month ___ 6 Month ___ 1 Year
Activyl (Topical Fleas) ___ 1 Month ___ 6 Month ___ 1 Year

VACCINES

___ Rabies – Core Vaccine
___ FVRCP – Core Vaccine
___ FeLV – Optional Vaccine

TESTING

___ FeLV/FIV/HW Test

DOG OR CAT

___ Microchip (According to installation policy as well as city and county ordinances your pet must be microchipped. We can provide that service during your visit if not already microchipped.)

***Note: Before we can prescribe heartworm prevention, a heartworm test must be administered. If there isn't one on file from before, the 4DX test should be performed for optimal screening of diseases.