

## VACCINATION RELEASE FORM

I, the undersigned owner/guardian of the companion dog or cat named \_\_\_\_\_, understand that veterinarians have traditionally recommended that cats and dogs receive annual vaccinations for many diseases. Recent research and publications indicate that the yearly administration of vaccines for all diseases may not be necessary and may pose a health risk. However, the government, veterinary community, immunologists at veterinary schools, manufacturers of vaccines, and leaders of the American Veterinary Medical Association are in a state of flux as to the frequency with which such vaccines should be administered.

I am aware that one year in the life of a dog or cat is equal to five to seven years in the life of a human. Because of that rapid aging process and new knowledge indicating that the immunity provided by today's vaccines may last longer than originally expected, it is essential that my companion animal receive a yearly physical examination. I understand that until the scientific community clarifies these issues, vaccination protocols may vary from those previously recommended, thus requiring me to make an informed decision on behalf of my animal companion.

I have been advised of the risks associated with not vaccinating. However, I request that yearly antibody titers be performed and sent to [HEMOPET / W. Jean Dodds, DVM](#), 11330 Markon Drive, Garden Grove, CA 92841, Phone: 714/ 891-2022, instead of my animal receiving "annual vaccine boosters". I agree to hold the veterinarian harmless should my companion animal contract a disease for which my dog or cat was not vaccinated.

**I CHOOSE NOT TO VACCINATE MY DOG OR CAT WITH "YEARLY BOOSTERS" UNLESS THE [TITER TESTS](#) RESULTS INDICATE OTHERWISE.**

\_\_\_\_\_  
Signature of Owner/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
Signature of Veterinarian

\_\_\_\_\_  
Date

*One copy to be placed in the client's file  
One copy to be retained by the animal's owner/guardian.*