

Vaccination Consent Form

Owner Information

Name (First and Last)		Date	
Address			APT
City		State	Zip
Home Phone ()	Work Phone ()	Cell Phone ()	

Pet Information

Pet Name		<input type="checkbox"/> Dog <input type="checkbox"/> Cat	<input type="checkbox"/> Male <input type="checkbox"/> Neutered <input type="checkbox"/> Female <input type="checkbox"/> Spayed
Age	Breed	Color/Markings	
Pet Name		<input type="checkbox"/> Dog <input type="checkbox"/> Cat	<input type="checkbox"/> Male <input type="checkbox"/> Neutered <input type="checkbox"/> Female <input type="checkbox"/> Spayed
Age	Breed	Color/Markings	
Pet Name		<input type="checkbox"/> Dog <input type="checkbox"/> Cat	<input type="checkbox"/> Male <input type="checkbox"/> Neutered <input type="checkbox"/> Female <input type="checkbox"/> Spayed
Age	Breed	Color/Markings	

If you have more than 3 pets, please continue on the back of this page----->

Vaccinations Requested – Please Check the Vaccines you want for your pet(s)

Dog Vaccines	Cat Vaccines
<input type="checkbox"/> Rabies \$15 <input type="checkbox"/> Distemper (DAPPV)\$15 <input type="checkbox"/> Bordetella (Kennel Cough)\$15 <input type="checkbox"/> All Vaccines and Microchip with Registration \$60 <input type="checkbox"/> Microchip with Registration ONLY \$20	<input type="checkbox"/> Rabies \$15 <input type="checkbox"/> Distemper (FRVCP) \$15 <input type="checkbox"/> All Vaccines and Microchip with Registration \$45 <input type="checkbox"/> Microchip with Registration ONLY \$20

PLEASE READ AND CONSENT TO THE FOLLOWING:

- I am the owner of the animal(s) presented for services and have the authority to execute this consent and authorize the performance of the requested procedures. I understand the staff of the Humane Society of Waupaca County will perform the procedure(s) to the best of their ability, always taking into account the safety of the animal(s) first.
- To the best of my knowledge my animal(s) have no diagnosed allergies to vaccines. I will inform the Veterinarian and staff of any current medical conditions or medications that may increase my animal(s) chance for adverse reactions to vaccinations. I understand that the Humane Society of Waupaca County uses only the highest quality of vaccines available; and I am aware vaccine reactions are possible, though they are rare.
- Should my animal(s) become ill due to vaccines, I will not hold the Humane Society of Waupaca County, its affiliates, or employees responsible. I agree to treat any medical concerns/conditions or vaccine reactions at my own Veterinarian or emergency clinic and am aware that this will be my own financial responsibility.
- I understand that this is not a full and complete exam and for the overall health of my animal(s). Your animal(s) have been examined to determine the appropriateness of vaccinations selected. A comprehensive exam should be performed yearly at my local Veterinarian.
- My animal(s) have had no recent occurrences of abnormalities such as coughing/sneezing, vomiting/diarrhea, runny eyes/nose, or fever. I certify that my animal(s) is in good health. We have the right to refuse services if it will cause harm to your animal(s). If an illness is identified, be aware your animal(s) vaccines may be delayed until said illness is addressed at your own Veterinarian.

Signature: _____

Date: _____