NeenahAnimalShelter

Vaccination and Microchip Consent Form

OWNER INFORMATION

NAME (First and Last)_____ DATE _____

ADDRESS_____ CITY_____ STATE _____ ZIP CODE _____

PRIMARY PHONE # _____ HOME CELL WORK OTHER _____

ALTERNATE PHONE # _____ HOME CELL WORK OTHER _____

E-MAIL ADDRESS _____

PET INFORMATION *If you have more than 3 pets, please continue on the back of this page.*

PET'S NAME_____ ☐ Dog ☐ Cat ☐ AGE/BIRTHDATE _____

☐ Male ☐ Neutered ☐ Female ☐ Spayed BREED_____ COLOR_____

PET'S NAME_____ ☐ Dog ☐ Cat ☐ AGE/BIRTHDATE _____

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☐ Male ☐ Neutered ☐ Female ☐ Spayed BREED_____ COLOR_____

Vaccinations/Services Requested – *Please check what you'd like performed for your pet(s). See separate sheet for descriptions.*

DOGS

☐ **Rabies $20** 1 year 3 year **(previous certificate required)*
☐ **Distemper (DHPP) $20**
☐ **Bordetella (Kennel Cough) $20**
☐ **Microchip $25**

CATS

☐ **Rabies $20** 1 year 3 year **(previous certificate required)*
☐ **Distemper (FVRCP) $20**
☐ **Microchip $25**

PLEASE READ AND CONSENT TO THE FOLLOWING:

- I am the owner or authorized agent of the animal(s) listed and consent to have the above services performed.
- My animal(s) is/are not pregnant and do not have a chronic medical condition.
- My pet is currently healthy and has not shown signs of illness (coughing, sneezing, vomiting, diarrhea, lethargy, loss of appetite, fever, etc.) within the past 14 days.
- My pet has no history of having an adverse reaction to vaccinations.
- I agree to hold the Neenah Animal Shelter, its employees and affiliates free and harmless from any and all illness and/or injuries sustained and/or loss incurred by pet owners or pets during, prior to, or after the vaccine clinic. Should my animal(s) become ill due to vaccines, I agree to treat any medical concerns/conditions or vaccine reactions at my own veterinarian or emergency clinic and this will be my financial responsibility. I am aware such reactions are possible, though they are rare.
- I understand that this is not a full and complete exam. A comprehensive exam should be performed at least yearly at my local veterinarian.

Signature: _____ Date: _____

PET INFORMATION *(continued from front for additional animals)*

PET'S NAME_____ ☐ Dog ☐ Cat ☐ AGE/BIRTHDATE _____

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