

BLUE

**PEARL RIVER COUNTY SPCA
VACCINATION CONSENT FORM**

Your First Name

Your Last Name

--	--

Your Pet's Name

Pet's age

--	--

Cat Dog Male Female Is your pet currently pregnant or nursing? Yes No

Pet's color(s)

Pet's breed

--	--

Your Address

--

City, State

ZIP

--	--

Phone Number

Alternate Phone Number

--	--

Please indicate which vaccination(s) your pet will receive today:

- 4-in-1 FVRCP (Cats)
(Feline Viral Rhinotracheitis-Calicivirus-Panleukopenia-Chlamydia Vaccine)
- 5-in-1 DHPP (Dogs)
(Canine Distemper, Adenovirus Type 2, Parainfluenza, Parvovirus Vaccine)

VACCINATION CONSENT

I certify that I am aware of the risks associated with failure to vaccinate my pet as well as the potential side effects associated with receiving the vaccination. By signing this consent form I authorize the administration of the vaccinations checked on the form above to my pet.

Because vaccination reactions are not predictable, I agree that The Pearl River County SPCA, The Mill Creek Veterinary Clinic, or veterinarian or employee thereof shall not be held liable for any reactions related to the administration of vaccinations given to my pet. I further agree that I shall be responsible for fees related to treating any of the diseases for which a vaccine was not administered.

Client /Owner _____ Date _____

YELLOW

**PEARL RIVER COUNTY SPCA
VACCINATION CONSENT FORM**

Your First Name

Your Last Name

--	--

Your Pet's Name

Pet's age

--	--

Cat Dog Male Female Is your pet currently pregnant or nursing? Yes No

Pet's color(s)

Pet's breed

--	--

Your Address

--

City, State

ZIP

--	--

Phone Number

Alternate Phone Number

--	--

Please indicate which vaccination(s) your pet will receive today:

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Client /Owner _____ Date _____