

BRING WHITE & YELLOW COPY

YELLOW

# Pearl River County SPCA Clinic Consent Form

Owner's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

**Required for Microchip:**

Name/Phone of Alternate Contact: \_\_\_\_\_

Email (desired): \_\_\_\_\_

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 below to my pet.

Because vaccination reactions are not predictable, I agree that The Pearl River County SPCA, the 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.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**THIS IS THE ONLY COPY OF YOUR RECORDS - DO NOT LOSE IT!!**

Circle **DOG** or **CAT** Pet's Name: \_\_\_\_\_ Sex: M  F  Fixed: Y  N  Weight: \_\_\_\_\_

Breed: \_\_\_\_\_ Age: \_\_\_\_\_ Color/Pattern: \_\_\_\_\_

Services Requested: Rabies: \$8  Microchip: \$10  Rabies/Microchip **COMBO**: \$16  Total: \$ \_\_\_\_\_

Wellness: **Adult Single** \$8  **Adult Series (2)** \$15  **Baby Series (4)** \$30  **Bordetella** \$10   
(Put labels here)

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