BRING WHITE & YELLOW COPY YELLOW

Pearl River County SPCA Clinic Consent Form

Owner's Name:				Phone:		
Address:			City:		Zip:	
Required for Microch Name/Phone of Alter	nip:					
Email (desire	ed):					
with receiving the vaccin form below to my pet. Because vaccination reveterinarian or employed to my pet.	of the risks associated with nation. By signing this cons eactions are not predictable ee thereof shall not be held l	failure t ent form e, I agre liable for	n I authorize the administrate that The Pearl River C r any reactions related to t	ation of the vaccination ounty SPCA, the V the administration of	ons checked on the eterinary Clinic, or vaccinations given	
THIS IS TH	E ONLY COPY O	OF YO	OUR RECORDS	- DO NOT LO	DSE IT!!	
Circle DOG or CAT	Pet's Name:		Sex: <u>M</u> 🛛 <u>F</u> 🛛	Fixed: Y	Weight:	
Breed:	Age:		Color/Pattern:		١	
Services Requested: Ra	bies: <u>\$8</u> 🔲 Microchip: <u>\$1</u>	10 🗖 F	Rabies/Microchip COMBO:	<u>\$16</u>	Total: \$	
(Put labels here)						
Circle DOG or CAT	Pet's Name:		Sex: <u>M</u> 🛛 <u>F</u>	Fixed: Y I N	Weight:	
Breed:	Age:	·	Color/Pattern:			
Services Requested: Ra	bies: <u>\$8</u> D Microchip: <u>\$1</u>	<u>10</u> 🛛 F	Rabies/Microchip COMBO:	<u>\$16</u>	Total: \$	
Wellness: Adult Single (Put labels here)	<u>\$8</u>	<u>5</u> 🔲 I	Baby Series (4) <u>\$30</u> □	Bordetella <u>\$10</u> □		
======================================		SN-16		Grand	Total: \$	

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Pearl River County SPCA Clinic Consent Form

Owner's Name:	Phone:	Phone:		
Address:	City:	Zip:		
Required for Microchip: Name/Phone of Alternate Contact:				
Email (desired):				
VACCINATIO				
I certify that I am aware of the risks associated with failure to with receiving the vaccination. By signing this consent form I a form below to my pet. Because vaccination reactions are not predictable, I agree veterinarian or employee thereof shall not be held liable for a to my pet.	authorize the administration of the vaccina that The Pearl River County SPCA, the ny reactions related to the administration of	tions checked on the Veterinary Clinic, or of vaccinations given		
Signature:				
Circle DOG or CAT Pet's Name:	Sex: <u>M </u>	Weight:		
Breed: Age:				
Services Requested: Rabies: <u>\$8</u> Microchip: <u>\$10</u> Rab				
Wellness: Adult Single <u>\$8</u> Adult Series (2) <u>\$15</u> Ba	by Series (4) <u>\$30</u> Bordetella <u>\$10</u>			
(Put labels here)				
Circle DOG or CAT Pet's Name:				
Breed: Age:				
Services Requested: Rabies: <u>\$8</u> Microchip: <u>\$10</u> Ral	bies/Microchip COMBO: <u>\$16</u>	Total: \$		
Wellness: Adult Single <u>\$8</u> Adult Series (2) <u>\$15</u> Ba (Put labels here)	by Series (4) <u>\$30</u> ☐ Bordetella <u>\$10</u> ☐			