

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, veterinarian or employees 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: \$15 Rabies/Microchip COMBO: \$20 Heartworm Test: \$15

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

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