



Please fill out the blue fields

Owner's Name: (First Last) Owner's DOB: Pet's Name: Pet's Age: Address St.: City: State: ZIP: Pet's Breed: Pet's Color(s): Emergency Phone Alternate Phone Email: [Cat Dog] [Male Female]

To assist with the needs of your pet, please read and answer the following:

Table with 3 columns: Question, Yes/No/Don't know options, and explanatory text for 'Do you need to renew or get a new license today?'.

The goal of animal vaccination is to effectively reduce the extent and severity of infectious disease in our pets.

In granting this consent to vaccinate, I hereby state that:

I am the owner of the animal(s) presented for services and have the authority to execute this consent and authorize the requested procedures. I understand the staff of The Pasadena Humane Society & SPCA Wellness Clinic are qualified to perform the procedure(s) and always take into account the safety of the animal(s) first.

I understand that the vaccination of my pet will substantially reduce but may not completely eliminate my pet's chances of contracting the disease(s) vaccinated against. I understand that it can take up to 2 weeks for vaccinations to protect my animal.

Should my animal(s) become ill or injured due to vaccines or services, I will not hold The Pasadena Humane Society & SPCA, its affiliates, or employees responsible. I understand I may be referred to a veterinary emergency hospital and am aware that this will be my own financial responsibility.

I HAVE READ & UNDERSTOOD THE CONDITIONS LISTED ABOVE, ALL QUESTIONS HAVE BEEN ANSWERED TO MY SATISFACTION:

OWNER SIGNATURE (must be 18 yrs of age or older) DATE

STAFF ONLY

Table with 3 columns: Requested Feline Service, Requested Canine Service, and Other Service. Includes checkboxes for Rabies, FVRCP, FELV, Microchip, etc.

Donation Request: [Y/N] explain: weight:

Total: \$ (Please Circle): Credit Card / Cash / Check / Donation \$