



Please fill out the blue fields

Owner's Name: (First Last)

Owner's DOB:

Pet's Name:

Pet's Age:

Address St.:

Cat Dog

Male Female

City:

State:

ZIP:

Pet's Breed:

Pet's Color(s):

Emergency Phone

Alternate Phone

Email:

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 explanation fields. Questions include: Has your pet received vaccinations before?, Does your pet have any health concerns?, Has your pet received medications?, Has your pet ever had a vaccine reaction?, Is your pet possibly pregnant?, Has your pet recently had coughing, sneezing, vomiting, diarrhea, inappetence, or lethargy?, Do you need to renew or get a new license today? (only for residents in our service area)

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 agree to comply with their instructions. To the best of my knowledge, I have informed the veterinarian and staff of any current medical conditions or medications that may increase my animal(s) chance for adverse reactions to vaccinations. The veterinarian may refuse to administer vaccine(s) to any animal which cannot be controlled or due to conditions that could compromise the safety and/or health of that animal.

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. I understand that The Pasadena Humane Society & SPCA Wellness Clinic uses only the highest quality of vaccines available and I am aware vaccine reactions are possible. I understand that my pet may develop anorexia, lethargy, fever, and soreness within a few hours after vaccination and can last for up to 24 hours. I understand that these signs are usually minor and usually resolve without the need for additional veterinary care. I understand that should my pet develop any severe or unanticipated reaction to the vaccination, such as urticaria (hives) and pruritis (itching) of the face and ears, muzzle swelling, vomiting with or without diarrhea, or respiratory distress, collapse, and in serious cases left untreated, even death, which may occur within minutes, or even seconds, I should contact The Pasadena Humane Society & SPCA or the local veterinary emergency clinic immediately for instructions.

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 understand that the staff veterinarian does not perform a full and complete exam of my animal(s). I am declaring that my animal(s) is/are healthy. A comprehensive exam should be performed yearly at my local Veterinarian. I understand that, although the incidence is small, participating in the Pasadena Humane Society Wellness Clinic can result in injury to my animal(s) or myself, including but not limited to a bite incident. In the event of a bite, my animal(s) will need to be held for a rabies quarantine, of which the location will be determined by either PHS or the Los Angeles County Health Department. I assume all risks associated with participating in this program. I hereby release the PHS, all veterinarians, assistants, volunteers, directors, and employees from any and all claims arising out of, or connected with, the performance of this procedure or any adverse reactions from vaccinations. Owner/agent hereby agrees to indemnify and hold PHS harmless for any damages caused by any unforeseeable events including fire, vandalism, burglary, extreme weather, or natural disasters.

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 4 columns: Requested Feline Service, Requested Canine Service, Other Service, and Initial = Done. Services include Rabies, FVRCP, FELV, Revolution, Microchip, DALPP, Bordetella, DAPP, HW Test, Canine Influenza, Tapeworm, Pyrantel, etc.

Donation Request: Y N

weight:

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

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