



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 2 columns: Question (e.g., Has your pet received vaccinations before?) and Answer options (No, Yes, Don't know).

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. Each column includes checkboxes for various services and their costs.

Donation Request: [Y/N] weight: _____

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