4804 Fredericksburg Road
San Antonio, Texas 78229
www.SAhumane.org
210-226-7461

Vaccination and Microchipping Consent Form

Owner Information

Name: _____ Home Phone: _____

Address: _____ Work Phone: _____

City/State: _____ Petpoint ID: _____

Zip Code: _____

Has your pet been to one of our vaccination clinics before? YES / NO

Did you adopt your pet from the San Antonio Humane Society? YES / NO

If you answered "YES" to either of the above, what is your pet's animal number? _____

If you answered "YES" to either of the above, what the person's name who adopted the animal? _____

Please read the following, initial next to each one and sign below.

_____ I understand that the San Antonio Humane Society is only offering wellness services and is not offering full veterinary clinic or hospital services. Wellness services include but are not limited to vaccinations and limited diagnostic testing.

_____ I understand that for the protection and wellbeing of my pet and the San Antonio Humane Society staff and volunteers, the San Antonio Humane Society reserves the right to refuse to see my pet or offer wellness services based on my pet's temperament or health status at any time.

_____ I understand that bringing my pet into an environment such as the San Antonio Humane Society, my pet may be exposed to certain contagious illness. I will not hold the San Antonio Humane Society nor any of its staff or volunteers liable for any illness that my pet currently has or may develop in the future.

_____ I understand that the vaccination of my pet will substantially reduce, but may not completely eliminate, my pet's chances of contracting the disease or diseases vaccinated against.

_____ I understand that my pet may develop anorexia, lethargy or fever, and/or soreness within a few hours following vaccinations and that these symptoms can last up to 24 hours. I understand that should my pet develop any severe or unanticipated reactions such as hives, itching of the face or ears, vomiting with or without diarrhea, or respiratory distress, I will contact a VCA hospital or clinic for immediate care. The San Antonio Humane Society, its staff and volunteers are not liable for any adverse reactions or expenses caused by my pet's visit to the San Antonio Humane Society.

_____ I understand that if I am having my pet microchipped there is a slight risk of infection at the injection site and the San Antonio Humane Society, its staff or volunteers are not liable for any complications resulting from microchipping. All personnel administering the microchips have been trained in the proper administration of this procedure.

_____ _____

Signature **Date**