



Vaccination Consent Form

OWNER INFORMATION

NAME (First and Last) _____ DATE _____
 ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____
 PRIMARY PHONE # _____ HOME CELL WORK OTHER _____
 ALTERNATE PHONE # _____ HOME CELL WORK OTHER _____
 E-MAIL ADDRESS _____

PET INFORMATION *If you have more than 3 pets, please continue on the back of this page.*

PET'S NAME _____ Dog Cat AGE/BIRTHDATE _____
 Male Neutered Female Spayed BREED _____ COLOR _____
 PET'S NAME _____ Dog Cat AGE/BIRTHDATE _____
 Male Neutered Female Spayed BREED _____ COLOR _____
 PET'S NAME _____ Dog Cat AGE/BIRTHDATE _____
 Male Neutered Female Spayed BREED _____ COLOR _____

Vaccinations/Services Requested – Please check what you'd like performed for your pet(s). See separate sheet for descriptions.

DOGS

Rabies \$15 1 year 3 year **(previous certificate required)*
 Distemper (DHPP) \$15
 Bordetella (Kennel Cough) \$15
 Microchip \$20+tax

CATS

Rabies \$15 1 year 3 year **(previous certificate required)*
 Distemper (FVRCP) \$15
 Microchip \$20+tax

PLEASE READ AND CONSENT TO THE FOLLOWING:

- I am the owner or authorized agent of the animal(s) listed and consent to have the above services performed.
- My animal(s) is/are not pregnant and do not have a chronic medical condition.
- My pet is currently healthy and has not shown signs of illness (coughing, sneezing, vomiting, diarrhea, lethargy, loss of appetite, fever, etc.) within the past 14 days.
- My pet has no history of having an adverse reaction to vaccinations.
- I agree to hold the Oshkosh Area Humane Society, its employees and affiliates free and harmless from any and all illness and/or injuries sustained and/or loss incurred by pet owners or pets during, prior to, or after the vaccine clinic. Should my animal(s) become ill due to vaccines, I agree to treat any medical concerns/conditions or vaccine reactions at my own veterinarian or emergency clinic and this will be my financial responsibility. I am aware such reactions are possible, though they are rare.
- I understand that this is not a full and complete exam. A comprehensive exam should be performed at least yearly at my local veterinarian.

Signature: _____

Date: _____

PET INFORMATION *(continued from front for additional animals)*

PET'S NAME _____ Dog Cat AGE/BIRTHDATE _____

Male Neutered Female Spayed BREED _____ COLOR _____

PET'S NAME _____ Dog Cat AGE/BIRTHDATE _____

Male Neutered Female Spayed BREED _____ COLOR _____

PET'S NAME _____ Dog Cat AGE/BIRTHDATE _____

Male Neutered Female Spayed BREED _____ COLOR _____