



PET OWNER NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**Email required if pet is being microchipped.**

PET NAME: \_\_\_\_\_ Circle One:    MALE    FEMALE  
Spayed or neutered?    Y / N

BREED: \_\_\_\_\_ AGE: \_\_\_\_\_ years/months

COLOR: \_\_\_\_\_ WEIGHT: \_\_\_\_\_

SERVICES REQUESTED (circle services you would like for your pet):

**Rabies Vaccine: \$10      DAPP Vaccine (dogs only): \$10      Bordatella Vaccine (dogs only): \$12**

**Microchip \$20      FVRCCP Vaccine (cats only) \$10**

I, (owner or authorized agent of owner), certify that I am 18 years old or older and do hereby request and authorize Spay Memphis, through whomever licensed veterinarians and assistants they may designate, to vaccinate and/or microchip my pet. I fully understand that a physical exam is not being performed and certify to the best of my knowledge that my pet is healthy. I understand that if there are any concerns or problems with said pet, it should be mentioned prior to the vaccinations/microchip implant. I hereby release Spay Memphis, the veterinarians, assistants, the board, volunteers and all of its employees from any claim arising out of or connected with the performance of this procedure. I agree that I have not, nor will I, claim any right to compensation from Spay Memphis, or any associated individual, or file any action from this procedure. I also consent to have my pet photographed and/or videotaped for the purposes of clinic marketing. I have read and understand this authorization and consent.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**- FOR CLINIC USE ONLY -**

Vaccine Stickers (Staff Initial \_\_\_\_\_)

Microchip Sticker (Staff Initial \_\_\_\_\_)

