



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 _____)