**CANINE VACCINATION/MICROCHIP CONSENT FORM**

**DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**OWNER INFORMATION: DOG INFORMATION:**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Breed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex \_\_\_\_\_\_\_\_\_\_\_ Is the dog spayed/neutered? Y N

State, Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Weight \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Color \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has your dog ever been to a vet? Yes No  
If yes, which clinic and date of last visit (approximate is fine!):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Owner consents to the administration of the following vaccinations, services, and treatments:**

**Core vaccines for all dogs:** Canine DA2PP combo vaccine Rabies for dogs over 4 months of age

Bordetella (kennel cough) (Recommended for dogs that visit groomers, boarding facilities, dog parks, etc.)

Microchip implantation Flea Treatment Dewormer

**Important Information and disclosures:**

A vaccination exposes your dog to the disease being vaccinated against.

The vaccination will substantially reduce, but may not completely eliminate, your dog's chances of contracting the disease or diseases vaccinated against.

Adverse side effects of vaccination may include: anorexia, lethargy, fever, and soreness within a few hours following vaccination, and lasting up to 48 hours. These adverse effects are usually minor and will usually resolve without the need for additional veterinary care. If your dog develops any severe or unanticipated reaction to the vaccination, such as urticaria (hives), pruritis (itching) of the face and ears, vomiting with or without diarrhea, or respiratory distress, you should contact a veterinarian immediately.

The Champaign County Humane Society (CCHS) makes no warranty, either expressed or implied, as to the safety or efficacy of the vaccines being used.

**Waiver:**

I have read and understand the information above. I have had an opportunity to ask questions regarding this information and my questions have been answered to my satisfaction.

I will at no time assert any claim, charge, or demand of any kind against CCHS for any losses, damages, or expenses that arise due to the vaccines and/or treatments administered to my dog, or the implantation of a microchip.

Owner (or responsible party) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Witness \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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