



OCHS 4th Annual Rabies and Microchip Clinic

September 8th, 2018

Oktibbeha County Humane Society
P.O. Box 297 Starkville, MS 39760

Owner Contact Information: Please Print

Name (First, middle initial, Last): _____
 Address: _____ Apt.#: _____
 City: _____ State: _____ Zip code: _____
 Phone (Required): _____ (Day) County: _____
 Do you live inside the city limits of Starkville? Yes / No

E-mail: _____ Would you like to be added to the OCHS's Mailing list to receive updates on events? YES or No (Please circle one)

Pet Information

Pet #1	Pet #2
Name: _____ Type: <input type="checkbox"/> Dog <input type="checkbox"/> Cat Breed: _____ Color: _____ Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female Age: _____ Is your pet spayed or neutered? <input type="checkbox"/> Yes <input type="checkbox"/> No Requested Service: <input type="checkbox"/> Rabies Only \$5 <input type="checkbox"/> Microchip Only <input type="checkbox"/> Rabies & Microchip \$20	Name: _____ Type: <input type="checkbox"/> Dog <input type="checkbox"/> Cat Breed: _____ Color: _____ Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female Age: _____ Is your pet spayed or neutered? <input type="checkbox"/> Yes <input type="checkbox"/> No Requested Service: <input type="checkbox"/> Rabies Only \$5 <input type="checkbox"/> Microchip Only <input type="checkbox"/> Rabies & Microchip \$20
Pet #3	Pet #4
Name: _____ Type: <input type="checkbox"/> Dog <input type="checkbox"/> Cat Breed: _____ Color: _____ Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female Age: _____ Is your pet spayed or neutered? <input type="checkbox"/> Yes <input type="checkbox"/> No Requested Service: <input type="checkbox"/> Rabies Only \$5 <input type="checkbox"/> Microchip Only <input type="checkbox"/> Rabies & Microchip \$20	Name: _____ Type: <input type="checkbox"/> Dog <input type="checkbox"/> Cat Breed: _____ Color: _____ Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female Age: _____ Is your pet spayed or neutered? <input type="checkbox"/> Yes <input type="checkbox"/> No Requested Service: <input type="checkbox"/> Rabies Only \$5 <input type="checkbox"/> Microchip Only <input type="checkbox"/> Rabies & Microchip \$20

I, acting as owner or agent of the pet(s) named above, hereby request and authorize Dr. _____ to provide a rabies vaccination for named animals above.

1. I certify that my animal is in good health.
2. I understand that any medical procedure presents a degree of risk to the patient, and though minimal, may result in injury or death. I understand that if my pet has a pre-existing condition, this condition may be worsened by this vaccination.
3. I understand that OCHS has the right to refuse service to any animal determined to be ill or any animal found to be out of control.

I Hereby release Oktibbeha County Humane Society and the performing veterinarians from any liability which may arise from the vaccination or a complication thereof. I have read and understand the above information and agree to its terms.

Owner Signature: _____ Date: _____

SHELTER USE ONLY:

Number of services ___ Rabies \$5 ___ Microchip \$15 ___ Microchip and Rabies \$20

Total for services \$ _____ Dr. _____

Payment Type: Cash Card Check



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MICROCHIP CLINIC WAIVER

Thank you for participating in the microchip clinic. Please read the information carefully and completely. Your signature below is required before a microchip can be placed in your pet.

I authorize and direct the Oktibbeha County Humane Society or its contractors to implant a microchip in my pet(s).

I fully release the Oktibbeha County Humane Society, its employees, contractors, and its agents from any legal and financial responsibilities, claims, demands, damages or actions arising from the procedure.

In granting my consent I hereby state that: (Please initial each line)

1. _____ I understand that the microchip is not a tracking device or a GPS transmitting device. Animals with microchips cannot be tracked or monitored from a remote location.
2. _____ I understand that it is my responsibility to keep my contact information updated with the microchip registry company, and that if I do not keep my contact information updated it will drastically decrease the likelihood of my pet being reunited with me.
3. _____ I understand that my pet(s) may develop side effects after microchip insertion. I understand that these side effects are very rare, usually minor in nature and pass without the need for additional veterinary care. I understand that should my pet(s) develop any severe or unanticipated problem resulting from the microchip, it is my responsibility to seek veterinary care as needed or directed. I agree to accept all risks of microchipping and personally accept both legal and financial responsibility for all charges incurred as a result of such risks. I further acknowledge that the Oktibbeha County Humane Society and its contractors (paid or unpaid) will bear no legal or financial responsibility for any charges incurred by me.
4. _____ I understand that it is important to not disturb the area between the shoulder blades for 4 days. If the pet is active or is pet any excessive amount after the implantation of the microchip that it can migrate even to the extent to outside the body. I agree to not hold Oktibbeha County Humane Society and its contractors (paid or unpaid) responsible if the microchip migrates out after implantation. I understand that I will not receive a refund or an additional microchip if it migrates out.

Pet(s) Owner Name

Pet(s) Owner Signature

Date

Emergency Contact

Name: _____

Phone: _____

Sponsored by:

-Animal Medical Center – Self Creek Veterinary Clinic- Smith Animal Hospital- Village Animal Hospital

SHELTER USE ONLY:

Pet #1-Name: _____

Chip # _____

Pet #2-Name: _____

Chip # _____

Pet #3-Name: _____

Chip # _____

Pet #4-Name: _____

Chip # _____