

New Client: \_\_\_\_\_  
Return Client: \_\_\_\_\_

**Citizens for Animal Protection (CAP)**  
17555 Katy Fwy, Houston, TX 77094 \* 281-497-0591 \* www.cap4pets.org  
**Vaccination and Microchip Consent Form**



Print Name: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

<u>Name of Pet</u>	<u>Dog</u>	<u>Cat</u>	<u>Breed</u>	<u>Color</u>	<u>Age</u>	<u>Sex</u>	<u>Spayed/Neutered</u>	<u>Weight</u>
_____	_____	_____	_____	_____	__y__m	M__ F__	Yes__ No__	_____
_____	_____	_____	_____	_____	__y__m	M__ F__	Yes__ No__	_____
_____	_____	_____	_____	_____	__y__m	M__ F__	Yes__ No__	_____

**Litter:** Dog\_\_ Cat\_\_ Breed\_\_\_\_\_ Ages\_\_\_\_\_ Name\_\_\_\_\_ Color\_\_\_\_\_ ; Name\_\_\_\_\_ Color\_\_\_\_\_ ; Name\_\_\_\_\_ Color\_\_\_\_\_ ; Name\_\_\_\_\_ Color\_\_\_\_\_ ; Name\_\_\_\_\_ Color\_\_\_\_\_ ; Name\_\_\_\_\_ Color\_\_\_\_\_ ; Name\_\_\_\_\_ Color\_\_\_\_\_

Did you adopt your pet from CAP? YES/NO

**\*\*\*\* Please place your pet's vaccination history or adoption paperwork, if you have it, with this form.**

**Please read the following, initial next to each one and sign below.**

- \_\_\_\_\_ I understand that the CAP Vaccination Clinic only offers vaccination and preventive services and is not offering full veterinary clinic or hospital services. Vaccination services include but are not limited to: vaccinations, heartworm test, Feline Leukemia/FIV Combo test, and flea/heartworm preventative.
- \_\_\_\_\_ I understand that for the protection and wellbeing of my pet and the CAP staff and volunteers, CAP reserves the right to refuse to see my pet or offer wellness services based on my pet's temperament or health status at any time.
- \_\_\_\_\_ I understand that bringing my pet into an environment such as CAP, my pet may be exposed to certain contagious illness. I will not hold CAP nor any of its staff or volunteers liable for any illness that my pet has or may develop in the future.
- \_\_\_\_\_ I understand that the vaccination of my pet will substantially reduce, but may not completely eliminate, my pet's chances of contracting the disease or diseases vaccinated against.
- \_\_\_\_\_ I understand that there is a risk that my pet may develop anorexia, lethargy or fever, and/or soreness within a few hours following vaccinations and that these symptoms can last up to 24 hours. I understand that should my pet develop any severe or unanticipated reactions such as hives, itching of the face or ears, vomiting with or without diarrhea, or respiratory distress, I will contact a full service emergency veterinary hospital or clinic for immediate care at my own expense. CAP, its staff and volunteers are not liable for any adverse reactions or expenses caused by my pet's visit to the CAP Vaccination Clinic. PLEASE INFORM THE TECHNICIAN IF YOUR PET HAS HAD PRIOR REACTIONS TO VACCINATIONS.
- \_\_\_\_\_ I understand that if I am having my pet microchipped there is a slight risk of infection at the injection site and CAP, its staff or volunteers are not liable for any complications resulting from microchipping. All personnel administering the microchips have been trained in the proper administration of this procedure.
- \_\_\_\_\_ I verify that I am the legal owner of the animal named above and I am legally qualified to authorize CAP to perform the services I have requested.

Signature \_\_\_\_\_

Date \_\_\_\_\_