

# Registration and Waiver Form

## Deerfield Rabies Clinic

---

### Owner Information

Name:	
Address:	
City, State, Zip Code:	
Primary Phone #:	
Secondary Phone #:	
Email Address:	

### Pet Information

Pets Name(s):	
Species:	Dog _____ Cat _____

### Payment

# of vaccines \_\_\_\_\_ x \$20.00 = Amount Paid: \_\_\_\_\_

### Release of Liability:

I, the undersigned, certify that I am the owner or agent of the owner of the above-named animal(s), and that I have the authority to give consent for vaccination of this/these animal(s) (hereinafter referred to in this document as "my animal(s)"). I understand that my animal(s) will not have a physical examination before vaccination is performed today. The vaccination will be performed by a licensed veterinarian. I certify that my animal(s) have been in good health for the preceding two weeks and have not shown any signs of illness, such as but not limited to: reduced appetite, vomiting, diarrhea, coughing, depression, weight loss, pain, or problems with urination or defecation.

I understand that all vaccinations carry the risk of vaccine reactions, including but not limited to: facial swelling, itching, discomfort or swelling at the vaccine site or elsewhere, fever, difficulty breathing, vomiting, or even sudden death. This risk is very low. Veterinarians and public health officials feel that is far outweighed by the benefit of protecting your pets and the wider community against rabies.

I will not hold the Town of Deerfield, Town of Deerfield Staff and Volunteers, Derry Animal Hospital, Dr. Elliot More, Derry Animal Hospital Staff, liable for any adverse outcome, including injury or death that my animal may experience following the vaccination.

I recognize that the vaccination is being performed at a location that is not an animal resuscitation facility. If my animal(s) need medical care following vaccination, I will take them to a qualified provider of emergency veterinary care in my area.

I have carefully read all of the above. The nature and purpose of the vaccination being given to my pet, and its attendant risks, have been explained to my full satisfaction. I give my consent for vaccination and agree to financial responsibility for all charges incurred, including any medical treatment that my animal(s) may require following vaccination.

Signature of Owner/Agent: \_\_\_\_\_

Dated: \_\_\_\_\_