



VACCINATION CONSENT FORM

Owner's Name: _____

Owner's Street Address: _____

City: _____ Zip Code: _____ County: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

E-mail Address: _____

Number of Animals for Vaccines: Dogs: _____ Cats: _____ Patient(s) Name: _____

We need your help, donate today!

Check one: \$5 \$15 \$25 \$50 \$_____

Hill Country Animal League is a non-profit organization and relies on donations to subsidize our low-cost spay/neuter programs.

PREAUTHORIZED CONSENT FOR VACCINATION

(Please read and acknowledge by your signature)

I am the owner (owner's authorized agent) of this (these) animals and permission is granted to Hill Country Animal League to vaccinate (them). I understand there are certain risks with any vaccination up to and including death, although in almost all cases, the risks associated with vaccination are very small compared to the risk of developing disease. In the event of injury or death, I waive all claims for damages against the Hill Country Animal League (HCAL), any veterinarian and any of the officers or employees of these corporate entities. I further understand that this does not relieve me of the obligation to pay for services rendered. Generally speaking, an animal is not considered fully vaccinated until 4 months of age, regardless of how many vaccinations have been given and we recommend that one set be given at that age. Your private veterinarian can direct you on which vaccinations need to be continued.

(initials) _____ To the best of my knowledge my animal is in good health, and has had no previous reactions to vaccines.

(initials) _____ I grant permission to pretreat my animal, if deemed necessary, to treat any adverse reactions.

(initials) _____ I understand that a vaccine is not instant protections from disease, the ability to form immunity from disease is entirely dependent on my animal's immune system.

(initials) _____ My animal has not bitten or scratched anyone in the last 10 days.

Signature of Owner/Agent: _____ Date: _____