

*** FOR OFFICE USE ONLY ***

Adopted from HSU Cat Carrier \$10 CAUTION! Room #

Returning Customer Vaccination Authorization

Owner's Name: _____

Pet(s) Names: _____

Please list ALL pets needing services today

Phone Number: _____



Please update any personal information that has changed since your last visit:

Address: _____ Apt #: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Secondary Phone Number: _____

Email Address: _____

Email addresses are collected for Humane Society of Utah communications only

I, the undersigned, certify that I am the legal owner or authorized agent of the legal owner of the above-named animal(s) and that **I am at least 18 years** of age.

I hereby request and authorize the Humane Society of Utah, under the direct supervision of whomever veterinarians they may designate, to vaccinate my animal(s).

I certify that my animal(s) is/are in good health and has/have not bitten anyone in the last 10 days. I certify that my female pet(s) are not pregnant. I understand that the Humane Society of Utah has the right to refuse service to any animal for any reason or to whom any procedure is deemed a health risk.

I understand that vaccinations may cause adverse reactions in **some** animals. In the event that my animal(s) requires emergency care as a result of being vaccinated, I agree that the Humane Society of Utah is not responsible for any fees paid to private veterinarians incurred because of post-vaccination complications.

I hereby release the Humane Society of Utah, the veterinarians, assistants, and all of its officers, employees, and members of its staff from any and all claims arising out of or connected with giving these vaccinations.

Guardian's Signature (or authorized agent)

Date

Return this form to window host and wait to be called inside

*** FOR OFFICE USE ONLY ***

Adopted from HSU Cat Carrier \$10 CAUTION! Room #

New Customer Vaccination Authorization

Owner's Name: _____

Pet(s) Names: _____

Please list ALL pets needing services today

Address: _____ Apt #: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Secondary Phone Number: _____

Email Address: _____

Email addresses are collected for Humane Society of Utah communications only

I, the undersigned, certify that I am the legal owner or authorized agent of the legal owner of the above-named animal(s) and that **I am at least 18 years** of age.

I hereby request and authorize the Humane Society of Utah, under the direct supervision of whomever veterinarians they may designate, to vaccinate my animal(s).

I certify that my animal(s) is/are in good health and has/have not bitten anyone in the last 10 days. I certify that my female pet(s) are not pregnant. I understand that the Humane Society of Utah has the right to refuse service to any animal for any reason or to whom any procedure is deemed a health risk.

I understand that vaccinations may cause adverse reactions in **some** animals. In the event that my animal(s) requires emergency care as a result of being vaccinated, I agree that the Humane Society of Utah is not responsible for any fees paid to private veterinarians incurred because of post-vaccination complications.

I hereby release the Humane Society of Utah, the veterinarians, assistants, and all of its officers, employees, and members of its staff from any and all claims arising out of or connected with giving these vaccinations.

Guardian's Signature (or authorized agent)

Date

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