

**\* OFFICE USE ONLY \* OFFICE USE ONLY \* OFFICE USE ONLY \***  
 Adopted from HSU     Cat Carrier \$10     CAUTION!

## VACCINATION AUTHORIZATION & RELEASE

Owner's Name: \_\_\_\_\_

All Pet(s) Names: \_\_\_\_\_

***PLEASE LIST ALL PETS NEEDING SERVICES TODAY***

Address: \_\_\_\_\_ Apt# \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Secondary Phone Number: \_\_\_\_\_

Email (for reminders): \_\_\_\_\_

How did you hear about us?     Google Search     Billboard     Social Media

Word of Mouth     Vet Referral: \_\_\_\_\_     Other: \_\_\_\_\_

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.

\_\_\_\_\_  
Date: \_\_\_\_\_

Signature of Owner or Authorized Agent of Owner

***RETURN FORM TO HOST AND WAIT TO BE CALLED INSIDE***