

VACCINATION REGISTRATION



Name (OWNER):

Address:

City:

State:

Zip:

Contact#:

Email:

Name of Pet:

Age of Pet:

Sex:

Description of pet: (color/weight)

I, the undersigned, understand that receiving vaccinations for my pet comes with potential adverse effects. I am aware that such a risk is present and am willing to accept it. I understand that there will be no licensed veterinarian available during this vaccination clinic. I understand that any reaction that occurs is a result of my pet's own immune system and is not the fault of the person that administered the vaccination. I also understand that I am responsible for any charges incurred for the treatment of any such reactions.

Owner signature: _____ **Date:** _____

Owner name (printed):

MERCED SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS

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