

PID: _____
AID: _____

**OWNER INFORMATION – PLEASE PRINT**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Email \_\_\_\_\_

**PET INFORMATION (PLEASE CHECK)**

Type:  Dog  Cat  Ferret      Sex:  Male  Female      Spayed/Neutered:  Yes  No

Pet's Name \_\_\_\_\_ Age \_\_\_\_\_ (Years and Months)

Breed(s) \_\_\_\_\_ Color/Markings \_\_\_\_\_

Has your pet had any allergic reactions to previous vaccinations?  No  Yes \_\_\_\_\_

Any major medical history or chronic medical conditions under therapy?  No  Yes \_\_\_\_\_

**PLEASE MARK THE VACCINATION AND SERVICES YOU WILL BE PURCHASING TODAY**

<b>DOGS</b>	<b>CATS</b>
<input type="checkbox"/> Rabies Vaccine - \$10.00 1 year _____ 3 year _____	<input type="checkbox"/> Rabies Vaccine - \$10.00 1 year _____ 3 year _____
<input type="checkbox"/> DHPPC Vaccine - \$10.00	<input type="checkbox"/> FVRCP Vaccine - \$10.00
<input type="checkbox"/> Bordetella - \$10.00	<input type="checkbox"/> Deworming (Pyrantel) - \$5.00
<input type="checkbox"/> Deworming (Pyrantel) - \$5.00	<input type="checkbox"/> Microchip – includes registration - \$15.00
<input type="checkbox"/> Microchip – includes registration - \$15.00	<input type="checkbox"/> County Rabies/License Tag - \$15.00 S/N or \$60.00
<input type="checkbox"/> County Rabies/License Tag - \$15.00 S/N or \$60.00	

*Pursuant to Collier County Animal Control Ordinance, all dogs and cats four months of age and older are required to have a current County Rabies/License Tag. Pet owners who elect to not purchase the required County Rabies/License Tag will be issued a Notice to Comply allowing fifteen (15) days to show proof of purchase.*

I am the owner (or have full authority to act on the owner's behalf and legally bind the owner) of the above animal and authorize Collier County Domestic Animal Services staff and agents to perform the above marked services and vaccination(s) on the animal. I have fully disclosed all known medical history of the animal, including but not limited to, prior vaccine reactions, allergies, and chronic illnesses.

I understand that only a brief examination will be conducted by a veterinarian before the services and/or vaccination(s) is administered and that adverse reaction(s) can occur, including the death of the animal. Despite this risk, I knowingly and voluntarily wish to still proceed with the services and/or vaccination(s) and no promises or representations have been made to minimize the risk that adverse reactions, including the death of the animal, can occur. Should an adverse reaction occur, I authorize CCDAS staff or agents to provide any additional medical care they determine necessary, to treat and stabilize the animal. I agree to pay for this additional care on my own and waive any right seek reimbursement or reduction for the cost of the care.

I agree to hold the Collier County Board of County Commissioners, its employees, directors, agents, volunteers, departments, and agencies harmless and waive any and all legal claims or causes of action whatsoever, which arise out of or is in any way related to, any services, vaccination(s), medication(s) or treatment rendered, or any subsequent adverse reaction(s) which occurs, including but not limited to, costs for any additional medical care or related to the death of the animal, including but not limited to the value of the animal. I agree to this hold harmless and waiver even if the Collier County Board of County Commissioners, its employees, directors, volunteers, and/or agents negligence gives rise to the basis for the legal claim(s) or cause(s) of action. I further agree to indemnify Collier County Board of County Commissioners, its employees, directors, volunteers and/or agents for any litigation or judgment(s) related to any action arising out of or in any way related to the subject services, vaccination(s), or adverse reaction(s).

Signature of Owner/Owner's Agent to Certify Agreement: \_\_\_\_\_ Date: \_\_\_\_\_

