

Kane County Animal Control



Vaccination/Microchip Release Form

4060 Keslinger Rd. Geneva, Illinois 60134

Phone: (630)232-3555

Fax: (630)232-3585

I/We, the undersigned, are the owner(s)/custodian of the pet named _____, presented here today for vaccination of rabies and/or microchipping. I/We are over eighteen (18) years of age. I/We agree to release the Kane County Department of Animal Control (KCAC), the Kane County Health Department, the Kane County Board, and any of its agents or employees from any liability arising from vaccination, microchipping, or any other procedure taking place today. This includes but is not limited to exposure to other animals, potential vaccine reactions, and infection of vaccination or microchipping sites.

Name of Owner(s): _____

Phone: _____ Email Address: _____

Street Address: _____

City, State, Zip code: _____

Driver's License/State ID#: _____ County: KANE OTHER: _____

Pet's Name: _____ Color: _____

Species: DOG CAT Sex: MALE FEMALE Breed: _____

Age: _____ Is your pet neutered (Spayed/Castrated)? YES NO

Is your pet Microchipped? YES NO If YES, what is the number? _____

Has your pet ever had a vaccine reaction? YES NO

If YES, what happened and from what vaccine? _____

Has your pet bitten anyone in the past 10 days? YES NO

Has your pet bitten anyone in the past year? YES NO

Has your pet been declared Dangerous by any Municipality agency? YES NO

If YES, Who declared it and when was the pet declared? _____

I certify that all information provided on this form is true and correct and I have fully read and understand the Vaccine Consent and Waiver Liability information (Back of this page).

Signature of Owner(s): _____ Date: _____

OFFICE USE ONLY

CLINIC RECEIPT

DOG	CAT	SENIOR
<input type="checkbox"/> Neutered/<1yr	<input type="checkbox"/> Neutered/<1yr	<input type="checkbox"/> Yes
<input type="checkbox"/> Non-Neutered	<input type="checkbox"/> Non-Neutered	<input type="checkbox"/> No
<input type="checkbox"/> Microchip	<input type="checkbox"/> Microchip	Staff Initials:

\$ _____

Payment Type: Cash / Credit / Check

Payment Received By: _____

Verified By: _____

Complete Vaccine Consent and Waiver Liability Information

By signing the front page you are agreeing to the following:

I am at least eighteen (18) years of age.

I give permission for my pet to be vaccinated at Kane County Animal Control (KCAC) and acknowledge that such vaccinations do not constitute complete health care. It is essential that my pet receive a yearly physical examination.

I also state that my pet has no sign of disease, is not allergic to vaccines and is not pregnant (only pertains to pets not getting spayed).

I understand that vaccinations may cause unexpected reactions in pets.

I agree to accept all risks of vaccinations and personally accept both legal and financial responsibility for all charges incurred as a result of such risks.

I accept that it is my responsibility to seek emergency care as needed or directed.

I agree to indemnify and hold harmless Kane County Animal Control (KCAC), the attending veterinarian, and any of the officers, employees or agents of said county entity from any and all liability arising out of the performance of all procedures referred to above.

I agree that I am paying for today's services only and not for any future services discussed or implied.

I certify that all information written on this form is true and accurate.

I have read, understand, accept and agree to be bound by the above conditions.