

Place Microchip Sticker Here

Pet Information:

Pet Name: _____ Year Of Birth: ____/____/____ Male Female

Dog Cat Breed: _____ When did you acquire your pet? ____/____/____

How did you acquire your pet? _____ Spayed/Neutered? YES NO

Color of pet: _____

Primary Contact Information:

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email Address: **(*MANDATORY*)** _____

Home Phone: _____ Cell Phone: _____

I hereby authorize and direct Prairie Paws Animal Shelter to implant a Microchip in my pet _____.

I fully understand that a physical exam is not being performed and certify to the best of my knowledge that my pet is healthy. I understand that if there are any concerns or problems with my pet it should be mentioned prior to the implantation of the microchip.

My initials on this consent form attests to my intent to hold harmless and release from all liability Prairie Paws Animal Shelter or any of its past, present or future officers, agents, volunteers, employees or assigns, from this procedure. Initials_____