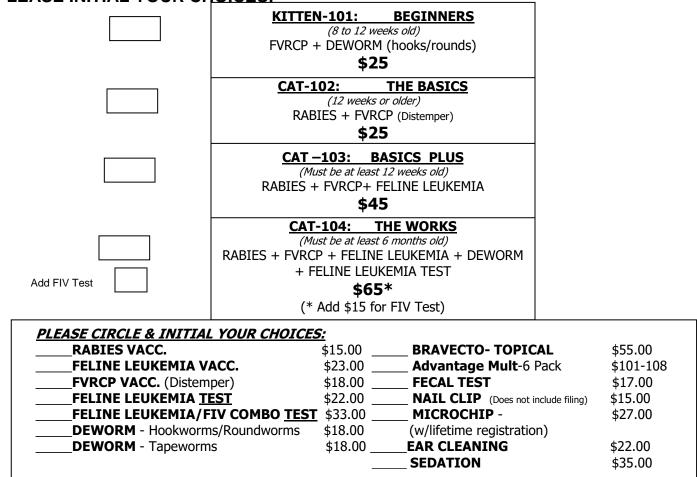
CATS – Service Request Contract – VACCS only (1-24-2018)

PET INFORMATION		FOR OFFICE USE ONLY WEIGHT
CAT'S NameAge	Yrs/Mo?	TEMP:
BreedColor		TEST RESULTS: POS NEG
Sex: MALE FEMALE; Is your cat SPAYED OR NEUTERED? If NO, would you like to schedule a LOW-COST SURGERY?		MEDS R L

Medical waste disposal fee - \$5 Office Visit Fee: Mon-Thurs - \$15 and Fri-Sun. - \$25

PLEASE INITIAL YOUR CHOICES:



Please Initial

Yes No

Any known reactions to vaccinations or other medications? If yes, which: _____

Taking any medications? If yes, which_



 \mathcal{YES} , I'D LIKE TO DONATE AN EXTRA \$_____ TO HELP HOMELESS ANIMALS

The Houston Humane Society is dedicated to, and working towards, ending cruelty, abuse and the over population of animals while providing the highest quality of life to those in our care The HHS receives NO local, state or federal government funding. HHS is NOT affiliated with and DOES NOT receive operational funding from any national animal welfare organization.

Checked In

WELCOME

Animal Called

to the Houston Humane Society Animal Wellness Clinic

Owner Information

Owner(s)	FOR OFFICE USE ONLY	
Texas DL #:	CLIENT #	
Address	Data	
City, State, ZipCounty	Tech	
Day phone()Other(cellular)()Email		
 Number of children living in the household: How many Children in the house are: 5 y/o or younger ages 6 - 10 y/o ages 14 - 18 y/o ages 19 y/o or 	ages 19 y/o or older	
3. How did you hear about the HHS Wellness Center?		

Authorization

I authorize the attending veterinarian for the Houston Humane Society to perform the requested procedures, treatments and supply products on/for this animal.

This authorization is given with the complete understanding that **THERE ARE POTENTIAL RISKS INVOLVED IN ALL MEDICAL PROCEDURES. I have notified the staff of any known medical, behavioral and/or physical conditions the animal may have and any medications that the animal is currently being given.** I understand that any unknown, underlying problems may increase the risks of the procedures performed.

I fully authorize and agree to pay for the tendering of any emergency treatment that is deemed medically prudent and necessary for any complications immediately arising from the procedure(s) performed, based upon the sole discretion of the attending veterinarian.

I understand it's my choice to use the HHS clinic or a private veterinary clinic, but that I am financially responsible for any and all future veterinary treatments, medications, services, etc. related to the animal described on the reverse side of this page.

I understand that a private veterinarian, of my choice, must perform any and all follow-up medical treatment, at my own expense.

I assume all risks, and release the Houston Humane Society, its directors, officers, employees and agents from any and all claims or liability resulting from procedures and/or services rendered.

I declare under penalty of perjury that I AM THE OWNER OF THE ANIMAL described on the reverse side of this page, OR I AM AUTHORIZED BY THE OWNER OF THE ANIMAL described on the reverse side of this page (WHETHER SEPARATE OR COMMUNITY PROPERTY) TO ACT ON THE OWNER'S BEHALF and I am responsible for any and all payments to the Houston Humane Society.

OWNER/AGENT_

DATE

SAFETY: For theirs, yours and ours, please have all dogs on leashes, and all cats in carriers. Prices, days and times subject to change without notice.