

**WEYMOUTH TOWNSHIP
ATLANTIC COUNTY
NEW JERSEY**

**Pre-Registration / Consent Form
Free Rabies Clinic**

OWNERS NAME AND ADDRESS:

TELEPHONE # _____

SPECIES: Cat Dog **SEX:** M F **AGE:** _____ **SIZE:** SM. MED. LG.

BREED: _____

HAIR: Short Med Long **COLOR/MARKINGS:** _____

NAME OF PET: _____ **SPAYED/NEUTERED:** Yes No

I am the owner or agent for the owner of the above described animal. (I am over the age of 18 years).

I understand that I am responsible for holding and restraining my animal during the vaccination procedure.

I understand that there are risks of side effects from the vaccine and that treatments required for any adverse drug reactions are my responsibility.

I understand that protection is not immediate and will do my best to prevent exposure to rabid animals for one month.

I agree not to hold rabies clinic personnel, including the Veterinarian or assistants liable or responsible in any manner or under any circumstance on account of the administration of vaccine, or otherwise in connection therewith, as it is thoroughly understood that I assume all risks.

Date: _____

Owners Signature