HUMANE SOCIETY
OF TRUCKEE-TAHOE

Client Information *****PLEASE HELP SAVE EVERYONE'S TIME TODAY BY COMPLETING THIS FORM NEATLY*** 🙂

Pet owner's First and Last Name _____

Physical Address _____

City _____ **State** _____ **Zip Code**_____ **Email** _____

Mailing Address/City/State/Zip:_____

Home Phone_____ **Cell Phone** _____

Work Phone _____ **Other Phone**_____

Are you the pet's owner? Y / N *if no, first & last name of owner:* _____

Pet Information

Name _____ **Species:** Dog / Cat **Breed:**_____**Gender** M / F **Weight** _____

Age:_____Mos **or** Yrs (circle) **Color** _____**Is your pet Spayed/Neutered (Fixed):** Y / N

Number of litters pet has given birth to? ☐ 0 ☐ 1 ☐ 2 ☐3 ☐4+ ☐ unknown

Where did you get your pet? ☐Pet Store ☐Online/Newspaper ☐Stray/Found ☐Pet's litter ☐ Breeder
☐Neighbor/family/friend **(NOT breeder)** ☐Humane Society of Truckee-Tahoe ☐Other Rescue Group/Other Shelter

Is your dog licensed Y / N **Where?** ☐El Dorado County ☐Douglas County ☐Placer County ☐Elsewhere

Is your pet Microchipped Y / N **Backup Microchip Contact** **(someone other than yourself or spouse):**

First & Last Name **(NOT yourself/spouse)**_____ **Phone #** _____

***Has your pet been ill in the past week?** Y / N *if yes, describe:*_____

_____

***Has your pet ever had a vaccine reaction?** Y / N *if yes, describe:* _____

_____

Does your pet have chronic medical conditions **(i.e. obesity, allergies, seizures, on long-term medication)?** Y / N

if yes, explain: _____

Has your pet ever been to a veterinarian? Y / N if yes, where and why: _____

_____

I am 18 years or older and the legal owner/guardian of the above mentioned animal. I realize that there are inherent risks to any vaccination or medical procedure. I agree to expressly waive and relinquish, completely release and forever discharge HSTT, its volunteers, representatives and staff, any individual veterinarian, or other organizations participating in the outreach event and their volunteers and staff (the "Released Parties") from any and all claims, actions, causes of action of any kind whatsoever, loss or liability which I now have or later may have against the Released Parties, and which in any way result from, arise out of or are in connection with any vaccination or medical procedure received by the above mentioned animal from the Released Parties, whether or not such claims, actions or causes of action may be attributable to the negligence or carelessness of the Released Parties or their representatives. I understand that the clinic is not a full-service veterinary hospital, and does not provide emergency, after hours, or weekend care.

Signature_____ ***Date***_____