

Microchip ID Number

The Humane Society of Southeast Texas
Microchip Clinic Form

First Microchip (\$15) # _____ of additional Microchips (\$10/each)

Please complete separate forms for each additional pet. Sections 1 and 2 only need to be complete on one of the forms.

1 OWNER (Please Print)

First Name:	Last Name:		
Address:	City:	State:	Zip Code:
Email:	Home Phone:	Cell Phone:	

2 PET

Pet's Name:	Cat <input type="checkbox"/>	Dog <input type="checkbox"/>	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Spayed/Neutered: Yes <input type="checkbox"/>	No <input type="checkbox"/>
Age: /years	/months	Colors/Markings:				
Predominate Breed:			Secondary Breed:			
Estimated Weight (lbs):			Regular Vet Clinic:			

Microchip services are provided by Humane Society of Southeast Texas with the use of 24PetWatch products and registration. Your contact information will remain on file with 24PetWatch and changes to that information should be reported to 24PetWatch at www.24petwatch.com or 1-866-597-2424.

3 EMERGENCY CONTACT

First Name:	Last Name:		
Home Phone:	Other Phone:		

I consent to the release of my name and telephone number to anyone who finds my lost pet.

Yes No, I prefer that communication about my lost pet only be through 24PetWatch.

24PetWatch respects your privacy. If you do not wish to be contacted regarding PetHealthInc.'s wholly owned subsidiaries' products and services, please call 1-866-275-PETS or send an email to info@24petwatch.com.

4 OWNER CONSENT/SIGNATURE

I, the undersigned owner of the pet identified above, authorize the veterinarian technician staffing this clinic to administer the requested microchip(s). I understand that some risks always exist with medical/veterinary procedures and I have been advised that I have the opportunity to discuss any concerns with the veterinarian prior to administration of the microchip(s). My signature on this form indicates that all my questions have been answered to my satisfaction, and I accept any/all risks involved with my pet receiving the microchip.

While I acknowledge that all procedures will be performed to the best of the abilities of the staff at this clinic, I understand that no guarantee or warranty has been made regarding the results that may be achieved. I release The Humane Society of Southeast Texas (host of this clinic), the treating licensed veterinarian and his/her clinic, and any/all staff assisting with this clinic, from any professional liability related to administration, side effects or outcome of the administration of vaccines/microchip. I also understand that unforeseen conditions may arise during the course of administration or from later side effects that may require my pet to be seen by a veterinarian today or at a later date at my own expense.

Owner's Signature	Date
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