



South Suburban Humane Society
1103 West End Ave Chicago Heights, IL 60411
(708) 755-PETS

Vaccine Clinic Form

Animal ID
For Office Use Only

Your Last Name:

Your First Name:

Your Pet's Name:

☐ Male ☐ Female

☐ Cat ☐ Dog

Pet's Age or DOB: _____

Pet's Color(s):

Pet's Breed:

Address:

City:

State:

Zip:

County:

Phone (with area code)

Emergency Contact Name

Emergency Contact Phone (with area code):

Email Address:

South Suburban Humane Society (SSHS) Veterinary Services uses qualified staffing and approved materials for all procedures performed. It is important for you to understand that the risk associated. Carefully read and understand the following before signing your name.

- I understand as the sole owner of the above described animal that South Suburban Humane Society (SSHS) is NOT a full service animal hospital.
- I understand that there are risks to any medical procedure, including but not limited to the administration of vaccination and/or microchipping.
- I understand that SSHS, Cook County Animal and Rabies Control and the Matteson Police Department are not responsible for any risks associated with any known or unknown underlying medical conditions
- I understand that any other follow up treatment needed for said animal is my responsibility and will need to be done at my expense.
- I agree to release the SSHS, Cook County Animal and Rabies Control (CCARC) and the Matteson Police Department from any financial claims that may arise now or in the future related to said animal.
- I also voluntarily agree to assume the risks that arise from owning a pet, including but not limited to bites, scratches, and other physical injuries as well as release, hold harmless, and indemnify the SSHS, CCARC, and Matteson Police Department, their employees, agents, volunteers, officers, and assigns of SSHS, CCARC, and Matteson Police Department from any claim or claims which may arise out of any incident connected or in any way related to the medical treatment received today.

Requested Vaccines & Services

☐ 1-year Rabies vaccine (no tag) **\$10** ☐ Canine Distemper/Parvo vaccine **FREE** ☐ Microchip (with registration) **FREE**

DVM Initials _____ Other Concerns _____

Please follow up with your full service veterinarian for the above concerns

Rabies certificate will be emailed within 5 days. Microchip will be registered to the information provided within 5 days

(Signature)

(Date)