



Providence Animal Rescue League | 34 Elbow Street | Providence, RI 02903
 reception@parl.org | www.parl.org | Tel.: 401-421-1399

**PROVIDENCE ANIMAL RESCUE LEAGUE (“PARL”) WELLNESS VACCINE AND
 MICROCHIPPING CLINIC: OWNER/PET INFORMATION FORM**

OWNER INFORMATION:

Name:	
Address:	
City/State/Zip Code:	
Email:	Phone #:

PET #1 INFORMATION: A#: _____ Entered into ShelterLuv: _____

Pet's Name:			Pet To Receive (circle all that apply):	
Dog or Cat (circle): Dog Cat			Rabies Vaccine	FVRCP/DHPP
Breed:	Color:	Age:	Fee Received (circle): Yes No	Fee Amount \$
Gender (circle): Male Female	Spayed/Neutered (circle): Yes No	Size (Circle): 0-20lbs 20-40lbs 40+lbs	Microchip Sticker	
Date of last Rabies Vaccine:				

PET #2 INFORMATION: A#: _____ Entered into ShelterLuv: _____

Pet's Name:			Pet To Receive (circle all that apply):	
Dog or Cat (circle): Dog Cat			Rabies Vaccine	FVRCP/DHPP
Breed:	Color:	Age:	Fee Received (circle): Yes No	Fee Amount \$
Gender (circle): Male Female	Spayed/Neutered (circle): Yes No	Size (Circle): 0-20lbs 20-40lbs 40+lbs	Microchip Sticker	
Date of last Rabies Vaccine:				

PET #3 INFORMATION: A#: _____ Entered into ShelterLuv: _____

Pet's Name:			Pet To Receive (circle all that apply):	
Dog or Cat (circle): Dog Cat			Rabies Vaccine	FVRCP/DHPP
Breed:	Color:	Age:	Fee Received (circle): Yes No	Fee Amount \$
Gender (circle): Male Female	Spayed/Neutered (circle): Yes No	Size (Circle): 0-20lbs 20-40lbs 40+lbs	Microchip Sticker	
Date of last Rabies Vaccine:				

PARL WELLNESS VACCINE AND MICROCHIPPING CLINIC: OWNER/PET INFORMATION FORM (con't)

PET #4 INFORMATION: A#: _____

Entered into ShelterLuv: _____

Pet's Name:			Pet To Receive (circle all that apply):	
Dog or Cat (circle): Dog Cat			Rabies Vaccine	FVRCP/DHPP
Breed:	Color:	Age:	Fee Received (circle): Yes No	Fee Amount \$
Gender (circle): Male Female	Spayed/Neutered (circle): Yes No	Size (Circle): 0-20lbs 20-40lbs 40+lbs	Microchip Sticker	
Date of last Rabies Vaccine:				

By signing below, I hereby acknowledge that:

- I am the legal owner/guardian of the above mentioned Pet(s).
- To the best of my knowledge my Pet(s) have no diagnosed allergies to vaccines. I will inform the Veterinarian and PARL Staff of any current medical conditions or medications that may increase my Pet(s) chance for adverse reactions to vaccinations. I am aware vaccine reactions are possible, though they are rare.
- I agree to treat any medical concerns/conditions, vaccine, and/or microchipping reactions that my Pet(s) may experience at my own veterinarian or emergency clinic, and I acknowledge that any costs and expenses related thereto shall be my sole financial responsibility.
- Should my Pet(s) become ill due to vaccines and/or microchipping, I hereby release, covenant not to sue, discharge, and shall hold harmless PARL, its employees, agents, volunteers, and representatives, of and from all claims, liabilities, actions, damages, costs or expenses of any kind arising out of or relating thereto ("Claims").
- I give permission to Rabies Vaccinate and/or Distemper Vaccinate, and/or microchip the above Pet(s), as applicable.

Owner Signature

Date