



Medical Care Agreement and Release

Forsyth County Pet Resource Center
4065 County Way
Cumming, GA 30028
O: 678-965-7185
F: 770-889-8108
animalshelterinfo@forsythco.com
forsythco.com/pet-resource-center



Name: _____ Phone Number: _____

Address: _____ City/Zip: _____

Animal Description(s)

Dog Cat Other Sex: _____ Color: _____ Breed: _____ Name: _____ Age: _____
Circle one

Dog Cat Other Sex: _____ Color: _____ Breed: _____ Name: _____ Age: _____
Circle one

Dog Cat Other Sex: _____ Color: _____ Breed: _____ Name: _____ Age: _____
Circle one

Staff Use Only:

Pet 1:

Rabies Tag: _____ Lot: _____ Exp: _____

Microchip Number: _____

Pet 2:

Rabies Tag: _____ Lot: _____ Exp: _____

Microchip Number: _____

Pet 3:

Rabies Tag: _____ Lot: _____ Exp: _____

Microchip Number: _____

I, the undersigned, being the owner or a duly authorized agent of the owner of the animal(s) described above (hereinafter referred to as "the Animal(s)"), hereby acknowledge and agree to the following:

By signing below, I expressly authorize the Forsyth County Pet Resource Center ("the Center") and its authorized representatives to administer vaccinations and/or microchip implantation to the Animal(s).

I understand and acknowledge that there may be risks associated with the administration of vaccinations and/or microchipping, including but not limited to pain, swelling, or in rare cases, severe allergic reactions or even death. I further understand that these risks are unpredictable and may vary depending on the individual animal.

I acknowledge that, despite the Center's best efforts, the Animal(s) may experience adverse reactions as a result of the vaccination or microchipping procedure. I hereby release, indemnify, and hold harmless Forsyth County Pet Resource Center, its agents, employees, contractors, and any other associated parties from any and all claims, damages, liabilities, or costs arising from or related to any adverse reactions, side effects, or injuries sustained by the Animal(s), whether foreseeable or not, as a result of the administration of vaccinations or microchipping.

I confirm that I have read, understood, and agreed to all of the above terms, including the risks and indemnification clauses, as well as any guidelines, procedures, and instructions provided by the Center.

By signing below, I confirm my full and informed consent to the aforementioned terms and conditions.

Agent/Owner Print

Date

Agent/Owner Signature

Date