



Double H Veterinary Services, LLC

P.O. Box 153

New Park, Pennsylvania 17352

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Website: www.doublehvet.com

Rabies Vaccination and Microchip Clinic Release Form

(Read and sign below before vaccination and/or microchip)

The undersigned hereby RELEASES Double H Veterinary Services, LLC, its veterinarians, volunteers and employees from all actions, causes of action, suits, debts, sums of money, contracts, promises, trespasses, damages, judgments, executions, claims, and demands whatsoever which the undersigned or the undersigned's heirs, administrators, successors or assigns ever had, now have or hereafter shall or may have by reason of any manner, cause or thing whatsoever arising out of the rabies vaccination and/or microchip implantation for a pet or pets held by the Double H Veterinary Services, LLC on the date below. I also agree that I have read and understand the [Client Consent for Services](#) and hereby give my consent to proceed with the rabies vaccination and/or microchip implantation for my pet.

Owner's Signature: _____

Owner's Name: _____

Address: _____ **City:** _____

State: _____ **Zip:** _____ **Phone#:** _____

E-Mail: _____

Animal Name: _____

Breed (If mixed, most resembles): _____ **Color:** _____

(Select one from each column)

Species:

Dog

Cat

Sex:

Male

Female

Spayed/Neutered

Age:

3 mo.-12 mo.

1 year or older

DOB: _____

Size:

Under 20 lbs.

20-50 lbs.

Over 50 lbs.

<i>For Official Use Only</i>		
RABIES TAG #	MICROCHIP #	CLINIC DATE

Entered By/Date: _____