



Vaccination and Microchip Implant Form

Veterinary Services: 425-649-7560

I, _____, as guardian or authorized agent of guardian of below animal, request and authorize Seattle Humane to perform vaccination and/or microchipping for my pet. I certify that my gross household income, or that of the animal's owner, is less than 80% of the median family income for the county in which I, or the animal's owner, reside. For the safety of our staff, we reserve the right to refuse service for aggressive animals.

Signature

Date

Owner Information

Name: _____

Address: _____ Phone (home): _____
_____ Phone (cell): _____

Email Address: _____

Animal Information

Name: _____

DOB: _____ Sex: M F Altered: Yes No

Breed: _____

Color/Pattern: _____

Does your pet have a history of complication with vaccinations? (If yes, please describe):

I request the following services (please select yes or no for each line):

Microchip	(\$20)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	\$ _____
Dog/Cat Rabies Vaccine	(\$15)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	\$ _____
Dog Combo (DA2pp) Vaccine	(\$10)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	\$ _____
Dog Bordetella Vaccine	(\$10)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	\$ _____
Cat Combo (FVRCP) Vaccine	(\$10)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	\$ _____
Donation				\$ _____

Total Expected Cost: \$ _____

Office Use Only | Microchip #: _____ Vaccine Serial/Lot #: _____