

Pet Care Clinic Registration



Date: _____

First Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____ Phone: _____

- Please add me to the AAHS e-newsletter list. Send me information about volunteering

I have used an AAHS Pet Care Clinic in the past. If yes, approximately how many times? _____

Pet's Name: _____ Species: Dog Cat Other _____

Breed: _____ Color(s): _____ Age: _____ Sex: Male Female

Spayed/Neutered: Yes No Weight: Under 20 lbs. 20-50 lbs. over 50 lbs.

- 1-Year Rabies Vaccine \$5 Microchip \$35 Nail Trim \$5
 3-Year Rabies Vaccine \$10 Flea/Tick Treatment \$15 Cardboard Carrier \$4

PET TOTAL COST: \$ _____

Pet's Name: _____ Species: Dog Cat Other _____

Breed: _____ Color(s): _____ Age: _____ Sex: Male Female

Spayed/Neutered: Yes No Weight: Under 20 lbs. 20-50 lbs. over 50 lbs.

- 1-Year Rabies Vaccine \$5 Microchip \$35 Nail Trim \$5
 3-Year Rabies Vaccine \$10 Flea/Tick Treatment \$15 Cardboard Carrier \$4

PET TOTAL COST: \$ _____

Please add an additional donation of \$ _____ to my payment to help the animals at AAHS.

p. 1 Total: \$ _____ + p. 2 Total: \$ _____ + Donation: \$ _____ = **TOTAL COST TODAY :\$ _____**

- I agree to allow the Athens Area Humane Society (AAHS) to vaccinate, microchip, and/or provide flea and tick treatment to my pet(s). I will not hold AAHS liable for any reaction that may occur.
- I understand that vaccine/treatment reactions are rare, but can be unpredictable and potentially fatal.
- I agree to monitor my pet(s) for at least 30 minutes after the vaccination/treatment and watch for signs of vomiting, diarrhea, mental depression, or physical collapse.
- I understand that microchip implantation complications can include but are not limited to: injury, infection, inflammation, or tissue reaction.

Signature: _____ Date: _____

AAHS Staff/Volunteer Only:	Paid Cash \$ _____	Staff/Volunteer Initials: _____
	Paid Check \$ _____	

Pet's Name: _____ **Species:** Dog Cat Other _____
Breed: _____ **Color(s):** _____ **Age:** _____ **Sex:** Male Female
Spayed/Neutered: Yes No **Weight:** Under 20 lbs. 20-50 lbs. over 50 lbs.
 1-Year Rabies Vaccine \$5 Microchip \$35 Nail Trim \$5
 3-Year Rabies Vaccine \$10 Flea/Tick Treatment \$15 Cardboard Carrier \$4
PET TOTAL COST: \$ _____

Pet's Name: _____ **Species:** Dog Cat Other _____
Breed: _____ **Color(s):** _____ **Age:** _____ **Sex:** Male Female
Spayed/Neutered: Yes No **Weight:** Under 20 lbs. 20-50 lbs. over 50 lbs.
Weight: Under 20 lbs. 20-50 lbs. over 50 lbs.
 1-Year Rabies Vaccine \$5 Microchip \$35 Nail Trim \$5
 3-Year Rabies Vaccine \$10 Flea/Tick Treatment \$15 Cardboard Carrier \$4
PET TOTAL COST: \$ _____

Pet's Name: _____ **Breed:** _____ **Age:** _____
Sex: Male Female **Spayed/Neutered:** Yes No **Color(s):** _____
Weight: Under 20 lbs. 20-50 lbs. over 50 lbs.
 1-Year Rabies Vaccine \$5 Microchip \$35 Nail Trim \$5
 3-Year Rabies Vaccine \$10 Flea/Tick Treatment \$15 Cardboard Carrier \$4
PET TOTAL COST: \$ _____

Pet's Name: _____ **Species:** Dog Cat Other _____
Breed: _____ **Color(s):** _____ **Age:** _____ **Sex:** Male Female
Spayed/Neutered: Yes No **Weight:** Under 20 lbs. 20-50 lbs. over 50 lbs.
 1-Year Rabies Vaccine \$5 Microchip \$35 Nail Trim \$5
 3-Year Rabies Vaccine \$10 Flea/Tick Treatment \$15 Cardboard Carrier \$4
PET TOTAL COST: \$ _____

Pet's Name: _____ **Species:** Dog Cat Other _____
Breed: _____ **Color(s):** _____ **Age:** _____ **Sex:** Male Female
Spayed/Neutered: Yes No **Weight:** Under 20 lbs. 20-50 lbs. over 50 lbs.
 1-Year Rabies Vaccine \$5 Microchip \$35 Nail Trim \$5
 3-Year Rabies Vaccine \$10 Flea/Tick Treatment \$15 Cardboard Carrier \$4
PET TOTAL COST: \$ _____

Pets Page 2 Total: \$ _____