



SERVICE WAIVER

Date: _____

Owner Name: _____ Driver's License Number: _____

Current Address: _____

City: _____ Phone Number: _____

Pet Type: Cat/Dog Pet's Name: _____ Pet's Age: _____

Breed: _____ Sex: _____ Spayed / Neutered Color: _____

Has your pet ever had a reaction to a rabies vaccination? Yes/ No If yes, what was the reaction? _____

I hereby release Jeffersonville Animal Shelter, The Clark County Health Department, Care Pets Animal Hospital, PetVet 365, the Clark County Fairgrounds and all veterinarians, assistants, volunteers, directors, and employees from all claims arising out of or connected with the performance of services or any adverse reactions from vaccinations. I agree that I have no and will not claim any right of compensation from them, or any of them, or file action by reason of such vaccinations or any consequences related thereto. Owner/agent hereby agrees to indemnify and hold all forementioned parties harmless for any damages caused during the transportation of the animal, or the damages caused by any unforeseeable events including fire, vandalism, burglary, extreme weather, natural disasters or acts of God.

Signature

Date

All Veterinarians reserve the right to refuse service if the pet is determined to be too unhealthy to receive a vaccination.