



MICROCHIP WAIVER OF LIABILITY

OWNER INFORMATION

Name: _____

Address: _____

City, State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____ Secondary Email: _____

Secondary Person: _____

Secondary Phone: _____

PET INFORMATION:

Name: _____

Pets Age/Birthdate: _____

Breed (If mix, specific primary breed) _____

Female/Male Spayed/Neutered Y / N

Primary Color: _____

Secondary Color: _____

Special Markings: _____

(TURN OVER MORE ON OTHER SIDE)

WAIVER OF LIABILITY

I am the owner of the above-named pet and I hereby authorize the Des Moines County Humane Society (DMCHS) and the licensed veterinarian to perform the procedure to implant a microchip in the animal described above. I understand that if this pet cannot be safely restrained for the procedure, the DMCHS will not provide this service for my pet.

I understand that my pet will be scanned immediately following the injection to verify that the microchip has been successfully implanted. I understand that after the procedure, it is my responsibility to ensure that the injection site heals properly as to prevent the loss of the microchip or injury to the animal.

The DMCHS shall be held harmless from any and all liabilities which may arise in connection with the injection of implanting of the microchip device. This includes but is not limited to the loss of the implanted microchip, infection at the injection site, or any other health-related problems including the death of the animal associated with the microchip implant.

SIGNATURE: _____

DATE: _____