

PAWS of Coronado Clinic Release Form

Date _____ Owner Name _____ Pets Name _____ Pet's Age _____
Sex _____ S/N _____ Pet Species _____ Breed _____
Color _____ Owner Street Address _____
City _____ State _____ Zip _____ Daytime Phone Number _____
Email _____

PAWS of Coronado uses qualified staffing and approved materials for all procedures performed in our public clinic. It is important for you to know that risk of complications, injury or death from standard procedures is extremely low, but always present. Carefully read and be sure you understand this form in its entirety before signing your name.

I, acting as the owner or agent of the pet named and described above, hereby request and authorize PAWS of Coronado, through whichever qualified staff member they may designate, to provide rabies vaccination and/or microchip implantation for the above-described pet.

I understand that the procedures described above have inherent risks, including but not limited to vaccine reaction, injury, and additional complications.

I understand that there may be light bleeding and slight discomfort at the microchip site and/or vaccination site.

I understand that it is my responsibility to monitor my animal for signs of an adverse vaccine reaction. Common symptoms of a vaccine reaction include but are not limited to mild fever, decreased appetite, discomfort or mild swelling at the injection site. Rare symptoms that require emergency veterinary attention include but are not limited to swelling of the face and legs, repeated vomiting or diarrhea, whole-body itching, hives, difficulty breathing, and collapse.

I understand that PAWS of Coronado is unable to provide emergency assistance if my pet has an adverse reaction to a vaccine. It will be my responsibility to transport my pet to an emergency facility of my choice. The closest emergency facility to PAWS of Coronado are listed below.

VCA Emergency Animal Hospital

2317 Hotel Cir S, San Diego, CA 92108

[\(619\) 299-2400](tel:6192992400)

I understand that if my animal is deemed to be a health or safety risk to the PAWS staff or animal population, I may be unable to obtain services at the PAWS public clinic.

I understand that if I do not collect my pet at the end of their appointment by the agreed upon time, PAWS of Coronado may consider my pet abandoned and process the animal according to California Civil Code 1834.5.

I freely and voluntarily release and hold harmless Pacific Animal Welfare Society, all veterinarians, assistants, volunteers, directors, and employees, PAWS of Coronado and/or the City of Coronado, their elected officials, directors, officers, agents and/or employees, from any and all liability for any claims arising out of the performance of these procedures, any adverse reactions to vaccinations, or any damages caused by unforeseen events while the animal is in our care including fire, vandalism, burglary, extreme weather, natural disasters, terrorism, or acts of God.

___ I have read and understand the conditions above

Owner Signature _____ Date _____