

24PetWatch
Tel: 1-866-597-2424
Fax: 1-866-738-2327
www.24petwatch.com

PLACE 24 PETWATCH bar code label here
MICROCHIP IDENTIFICATION NUMBER

(PLEASE PRINT LEGIBLY)

Name: _____

Address: _____

Home Phone: _____ **Cell Phone:** _____

(PLEASE CIRCLE the BEST number to reach you if your pet is lost)

Email (Required): _____

Pet's Name: _____ **CAT:** _____ **DOG:** _____

Age: _____ **Color/Pattern:** _____ **Breed:** _____

_____ **Male** _____ **Female...** **Is pet Spayed /Neutered? Yes** _____ **No** _____

Emergency Contact: Someone who ALWAYS knows how to reach you if your pet is found and you are away. DO NOT LIST YOURSELF AND

DO NOT LIST SOMEONE WHO TRAVELS WITH YOU!

Name: _____ **Phone:** _____

I authorize *Furever Home Adoption Center* to implant a microchip in my animal. I understand that if this animal cannot be safely restrained, the service will not be provided. I am aware that if my animals are not be up to date on their vaccines, *Furever Home Adoption Center* will not be held responsible for any illnesses arising out of participation in this clinic. I recognize that *That Fish Place, That Pet Place* is permitting the use of its facilities for free as a public service. In consideration of that service, I, on behalf of myself and my pet, hereby promise to hold harmless and indemnify the *Furever Home Adoption Center, That Fish Place, That Pet Place, Dr Margot Schwag* and any participating veterinarians and the representatives, employees, agents and officials of all parties, from any and all injuries, damages or liabilities which may arise in connection with the injection or implanting of the microchip device. This includes, but is not limited to the loss of an implanted microchip, infection at the injection site, or any other health-related problem associated with the microchip implant or with the attendance at this clinic.

Signature: _____ **Date:** _____

Furever Home Adoption Center, Inc
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fureverhome@verizon.net 717-560-6400