



Wellness Fair Registration

Pet Information	Rabbit		Male	Female	Spayed/Neutered:		Yes	No
	Name:				Age: _____ Years _____ Months			
	Breed:				Color/Pattern:			
Owner Information	Name:							
	Physical Address:						Zip:	
	Primary Phone:				Alternate Phone:			
	Email:							
	Emerg Contact Name & Phone:							
I am interested in the following services today: Vaccine Microchip								
If we are able to offer Spay/Neuter Services for Rabbits would you be interested? Yes No								
Owner Release	<p>I understand I am bringing my pet to a public clinic where there will be many other animals. There is a small chance that my pet may be exposed to an infectious disease here or out in public. If my pet is to become ill, it is my responsibility to seek medical care with a local veterinarian and this will be at my own expense.</p> <p>I understand that a full veterinary exam is recommended prior to administering vaccinations. Vaccine reactions are rare but can be serious and require medical attention, which I will be responsible for. I assume responsibility for the health of this animal and understand and accept the risks of vaccination.</p>							
	Signature:						Date: 8/6/2022	

----- Staff Only -----

Services:	RHDV2 Vaccine		8/6/22 DVM:
Microchip	Rear leg: Left Right	Revolution	LG JF KTK

Confirmed Sex		BCS: _____ /9
Male	Female	Weight: _____

Microchip #/sticker	Animal #: A _____
	Person #: P _____