



Providence Animal Rescue League | 34 Elbow Street | Providence, RI 02903  
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**PROVIDENCE ANIMAL RESCUE LEAGUE (“PARL”) PREVENTATIVE VET CARE  
 CLINIC: OWNER/PET INFORMATION FORM**

**OWNER INFORMATION:**

<b>Name:</b>	
<b>Address:</b>	
<b>City/State/Zip Code:</b>	
<b>Email:</b>	<b>Phone #:</b>

**PET #1 INFORMATION:** A#: \_\_\_\_\_ Entered into ShelterLuv: \_\_\_\_\_

<b>Pet's Name:</b>			<b>Services Pet is to Receive (circle all that apply):</b>	
<b>Dog or Cat (circle):</b> Dog Cat			Rabies Vaccine FVRCP/DHPP Microchip Nail Trim	
<b>Breed:</b>	<b>Color:</b>	<b>Age:</b>	<b>Fee Received (circle):</b> Yes No	<b>Fee Amount \$</b>
<b>Gender (circle):</b> Male Female	<b>Spayed/Neutered (circle):</b> Yes No	<b>Size (Circle):</b> 0-20lbs 20-50lbs 50+lbs	<b>Microchip Sticker</b>	
<b>Date of last Rabies Vaccine:</b>				

**PET #2 INFORMATION:** A#: \_\_\_\_\_ Entered into ShelterLuv: \_\_\_\_\_

<b>Pet's Name:</b>			<b>Services Pet is to Receive (circle all that apply):</b>	
<b>Dog or Cat (circle):</b> Dog Cat			Rabies Vaccine FVRCP/DHPP Microchip Nail Trim	
<b>Breed:</b>	<b>Color:</b>	<b>Age:</b>	<b>Fee Received (circle):</b> Yes No	<b>Fee Amount \$</b>
<b>Gender (circle):</b> Male Female	<b>Spayed/Neutered (circle):</b> Yes No	<b>Size (Circle):</b> 0-20lbs 20-40lbs 40+lbs	<b>Microchip Sticker</b>	
<b>Date of last Rabies Vaccine:</b>				

**PET #3 INFORMATION:** A#: \_\_\_\_\_ Entered into ShelterLuv: \_\_\_\_\_

<b>Pet's Name:</b>			<b>Services Pet is to Receive (circle all that apply):</b>	
<b>Dog or Cat (circle):</b> Dog Cat			Rabies Vaccine FVRCP/DHPP Microchip Nail Trim	
<b>Breed:</b>	<b>Color:</b>	<b>Age:</b>	<b>Fee Received (circle):</b> Yes No	<b>Fee Amount \$</b>
<b>Gender (circle):</b> Male Female	<b>Spayed/Neutered (circle):</b> Yes No	<b>Size (Circle):</b> 0-20lbs 20-40lbs 40+lbs	<b>Microchip Sticker</b>	
<b>Date of last Rabies Vaccine:</b>				

**PARL WELLNESS VACCINE AND MICROCHIPPING CLINIC: OWNER/PET INFORMATION FORM (con't)**

**PET #4 INFORMATION:** A#: \_\_\_\_\_

Entered into ShelterLuv: \_\_\_\_

<b>Pet's Name:</b>			<b>Services Pet is to Receive (circle all that apply):</b>	
<b>Dog or Cat (circle):</b> Dog Cat			Rabies Vaccine FVRCP/DHPP Microchip Nail Trim	
<b>Breed:</b>	<b>Color:</b>	<b>Age:</b>	<b>Fee Received (circle):</b> Yes No	<b>Fee Amount \$</b>
<b>Gender (circle):</b> Male Female	<b>Spayed/Neutered (circle):</b> Yes No	<b>Size (Circle):</b> 0-20lbs 20-40lbs 40+lbs	<b>Microchip Sticker</b>	
<b>Date of last Rabies Vaccine:</b>				

**By signing below, I hereby acknowledge that:**

- I am the legal owner/guardian of the above listed Pet(s).
- To the best of my knowledge my Pet(s) have no diagnosed allergies to vaccines. I will inform the Veterinarian and PARL Staff of any current medical conditions or medications that may increase my Pet(s) chance for adverse reactions to vaccinations. I am aware vaccine reactions are possible, though they are rare.
- I agree to treat any medical concerns and/or conditions and/or reactions that my Pet(s) may experience as a result of the services rendered through this clinic at my own veterinarian or emergency clinic, and I acknowledge that any costs and expenses related thereto shall be my sole financial responsibility.
- Should my Pet(s) become ill due to any of the services rendered through this clinic, I hereby release, covenant not to sue, discharge, and shall hold harmless PARL, its employees, agents, volunteers, and representatives, of and from all claims, liabilities, actions, damages, costs or expenses of any kind arising out of or relating thereto ("Claims").
- I give permission to Rabies Vaccinate and/or Distemper Vaccinate, and/or microchip, and/or trim nails of the above Pet(s), as applicable.

\_\_\_\_\_  
Owner Signature

\_\_\_\_\_  
Date