



Kennebec Valley Humane Society Clinic

168 Leighton Road
Augusta, ME 04330

207-626-3491

Medical Consent Form

Please initial each statement to certify you have read and accept the following:

____ I certify that I am the owner or authorized agent of the animal listed above.

____ To the best of my knowledge, my pet is currently healthy, free from symptoms of illness such as vomiting, diarrhea, coughing, sneezing, lethargy, or loss of appetite. I understand that vaccinating a sick pet can increase risks of severe reactions.

____ I authorize the Kennebec Valley Humane Society to administer the vaccine(s) requested.

____ I understand that the Kennebec Valley Humane Society has the right to refuse service to any patient for any reason.

____ I release the Kennebec Valley Humane Society and its staff of liability for such complications and/or costs associated with such complications.

____ Vaccines are intended to prevent disease and illness, but any vaccine and/or medication has the potential to cause adverse reactions. I have been given a post-vaccination form to help understand the potential side effects.

____ I will not hold liable the Kennebec Valley Humane Society for any reactions or complications my pet receives from the vaccine. I understand I will be responsible for fees related to treating these reactions.

I certify that I have read the above information and I am aware of the vaccination risks. By signing this consent form, I authorize the administration of the vaccination(s) without holding the Kennebec Valley Humane Society or its staff and volunteers liable for complications.

Printed Name

Date

Signature