



MICROCHIP CONSENT FORM
Oregon Coast Humane Society (OCHS)
 2840 Rhododendron Drive, Florence OR
 541-997-4277

24PetWatch www.24PetWatch.com 1-866-597-2424

Owner Information (**Please Print**): Name: _____

Date: _____ Home Phone: _____ Work Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Required for registration in the 24PetWatch database: Cell Phone: _____

Email: _____

In case we cannot contact you, please list as many alternate phone numbers as possible. This gives your pet the best chance of being reunited with you! CONTACT PHONE #1 _____

CONTACT PHONE #2 _____ CONTACT PHONE #3 _____

How did you hear about our clinic? Email Flyer Facebook Other _____

Animal Information

NAME: _____ Dog Cat Male Female Neutered/Spayed

Age: _____ Breed: _____ Color: _____ ****Microchip ID Placed Here***

NAME: _____ Dog Cat Male Female Neutered/Spayed

Age: _____ Breed: _____ Color: _____ ****Microchip ID Placed Here***

NAME: _____ Dog Cat Male Female Neutered/Spayed

Age: _____ Breed: _____ Color: _____ ****Microchip ID Placed Here***

I hereby authorize and direct the Oregon Coast Humane Society to implant a microchip in my pet listed above. I fully release the Oregon Coast Humane Society, its employees, and its agents from any legal and financial responsibilities, claims, demands, damages or actions arising from micro chipping. Furthermore, I accept that my pet may develop side effects after microchip insertion and that I must examine the site of injection over the next week. I understand that if my pet develops any unanticipated problem following insertion of the microchip, it is solely my responsibility to seek veterinary care as needed or directed including any necessary veterinary care and the costs incurred thereof.

Signature of Owner: _____ Date: _____

Office Use Only: Amount paid: \$ _____ Cash Check # _____ Debit/Charge Other