Brookhaven Animal Rescue League

Rabies Vaccination & Microchip Form

The undersigned hereby RELEASE BARL from all actions, cause of action, suits, debts, sum of money, contracts, promises, trespasses, damages, judgement, executions, claims, and demands whatsoever which the undersigned or the undersigned's heirs, administrators, successors or assigns ever had, now have or hereafter shall or may have by reason of any manner, cause or thing whatever arising out of the rabies vaccination and /or microchip implantation for a pet or pets held by BARL on the date below. I also agree that I have read, understand, and hereby give my consent to proceed with the rabies vaccination and /or microchip implantation for my pet(s).

Owner's Signature: _____Date: _____

Print Owner's name: _____

Address: _____City: _____

State: _____ Zip: _____ Cell: _____

Email: _____

Additional Contact: _____Phone:_____

Animal's Name: _____ **Species:** Cat or Dog **Sex:** M or F

Breed (Resembles): _____

Color:_____ Age: _____

Spayed (female) _____ **Neutered**(male) _____ **Unaltered**_____

Rabies Tag #	Microchip #

_____Rabies $10

_____Microchip $10

Cash Only

Total: _____

_____Paid **Completed By BARL: _____**