



Vehicle Information: Color _____ Make _____ Model _____

Volusia County Animal Care Clinic

Microchip Consent Form

Please read the information carefully and completely.

Your signature below is required before a microchip can be placed in your pet.

I authorize and direct the Volusia County Animal Care Clinic or its contractors to implant a microchip in my pet.

In exchange for my participation in the County's microchip program, I hereby agree to hold harmless and release the County of Volusia, including its employees, contractors, subcontractors, volunteers, elected and appointed officers, and agents, from any and all liability, loss, or damages for any and all demands, costs, judgments, or claims past, present, and future of any nature whatsoever, arising out of or in connection with implantation of the microchip, including, but not limited to, any adverse effects on my pet's health. I further expressly waive any and all claims or rights to any compensation or damages arising from the microchip implantation. Given the nature of this program, I understand that this waiver and release is necessary for the County to offer this program to the general public at nominal expense.

In granting my consent and the above release I hereby state that: (Please initial each line)

1. _____ I understand that the microchip is not a tracking device or a GPS transmitting device. Animals with microchips cannot be tracked or monitored from a remote location.
2. _____ I understand that it is my responsibility to keep my contact information updated with the microchip registry company, and that if I do not keep my contact information updated it will drastically decrease the likelihood of my pet being reunited to me.
3. _____ I understand that the insertion procedure is medical in nature and accept that there is an inherent risk of harm to my pet involved in the insertion procedure, and that my pet could potentially be injured during the procedure. 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. I acknowledge and agree to accept all short and long term risks to my pet of the microchip insertion and personally accept any and all responsibility for the care of my pet in connection with the procedure, including any necessary veterinary care and the costs thereof. I further acknowledge and agree that the Volusia County Animal Care Clinic and its contractors (paid or unpaid) shall bear no legal or financial responsibility for liability, including but not limited to, any charges I may incur for veterinary services.

Pet(s) Owner Name (Print)

Pet Name

Male/Female
Spayed/Neutered

Phone Number

Age

Species

Address

City

Zip Code

Color

Pet(s) Owner Signature

Breed

Email

Date

Office Use Only:

Microchip: _____ Initial: _____

Microchip: _____ Initial: _____



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| <hr/> Age <hr/> | <hr/> Species <hr/> |
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