



PROOF OF VACCINATION

Owner Information

Name: _____

Street Address: _____

City, State, Zip: _____

Phone Number: _____

Email: _____

Pet Information

Name: _____

Breed: _____

Gender: _____

Color: _____

Vaccination Information

Vaccine: _____

Date Given: _____

Administered By: _____

By signing below, I understand that Paws on the Pass and its associates are administering vaccinations on a volunteer basis. I have not paid them for their services. Should my animal have a reaction to the administered vaccine, I understand that medical treatment may be necessary. I hereby release Paws on the Pass from vaccine complications and agree to contact the manufacturer directly.

Signature: _____

Date: _____