

Society of Humane Friends Sterilization & Rabies Vaccination Certificate
651 N. Clayton St. Lawrenceville, GA 30046 770-962-4301
P.O. Box 667 Dacula, GA 30019

Owner's Name _____

Address _____

City, State, Zip _____

County _____ Phone _____

Pet's Name _____ Breed _____

Color _____ Age _____ Sex _____

Authorization for Anesthesia

I certify that I am the legal owner or authorized agent of this animal. I grant permission for an SOHF staff member of the Spay/Neuter Clinic to perform any form of anesthesia required for surgery, other procedures requiring heavy anesthesia and surgery. The anesthesia agent is removed from the body by the liver and kidneys. It is important to know prior to surgery if these organs are functioning normally. To my knowledge this animal does not have any liver or kidney problems. I understand there are inherent risks involved with anesthesia and surgery of any form, and that the above clinic assumes no liability for anesthesia and/or surgery. If the animal is in heat or pregnant, there will be an additional charge.

Signed _____ Date _____

SOHF Clinic to Fill Out Section Below

Dog Spay Dog Neuter DHPP Rabies Bordatella Chip

Cat Spay Cat Neuter FVRCP Rabies Chip Other

SOHF Rabies Tag # _____ _____

Product Name: Nobivac 1 Vaccine Serial # _____ Manufacturer: Merck

Date Vaccinated: _____ Next Vaccination Due By: _____

Veterinarian's Signature: _____ License # _____

Payment Received _____