



BURNET
POLICE DEPARTMENT
PO Box 1369
Burnet, Texas 78611
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MICROCHIP LIABILITY RELEASE FORM

Animal's Name: _____ Dog/Cat Breed(s): _____ Color: _____

Age: _____ Gender: _____ Spayed/Neutered: _____ Approx. Weight _____ lbs.

I, the undersigned, being over eighteen years of age, and being the owner of the above animal, hereby request my animal be microchipped (the "procedure") under the Burnet Police Department's microchip program. I declare under penalty of perjury the following: (i) I am authorized to present the animal for the procedure; and (ii) to the best of my knowledge, my animal is in good health. I also certify that I understand that there are risks associated with all medical procedures; and, after having an opportunity to ask questions concerning anything that I do not understand about the procedure; and, being advised I can consult with my attorney prior to executing this agreement **I agree to Hold Harmless and Indemnify the City of Burnet, and its employees, officials, and officers from any liability whatsoever, for any complications or reactions, including illness or Death, the procedure may directly or indirectly cause my animal.** Further, **I agree to hold harmless and indemnify the City of Burnet** from such liability with the knowledge that possible complications related to the procedure and/or microchip, included but are not limited to: Infection, Allergic reaction, Irritation, and Microchip migration.

_____ I agree that I am responsible for the payment of all Veterinary fees associated with the microchip procedure, including the costs of the microchip.

_____ I certify that I am fully informed of the contents of this Microchip Procedure Release Form. I have read the form, been given the opportunity to ask questions to clarify the information in the form and given the opportunity to consult with my attorney before signing the form.

Print Name: _____

Address: _____ City, State, Zip: _____

Phone Number: (_____) _____ Email: _____

Alternate Contact Name: _____ Phone Number: : (_____) _____

I consent to the release of my information to anyone who finds my pet: YES or NO _____ (Initials)

No, I prefer all communications, to contact owner are to go through 24 Pet Watch: _____ (Initials)

Signature (of animal owner): _____ Date: _____

Microchip Number: _____