

1 OWNER / DUEÑO (PLEASE PRINT / CON LETRA DE IMPRENTA)

First Name: Nombre:		Last Name: Apellido:	
Address: Dirección:		Unit: Dpto.:	City: Ciudad:
State: Estado:	Zip Code: Zip:	Email: Correo electrónico:	
Tel. Home: Teléfono de domicilio: ()	Tel. Bus.: Teléfono comercial: ()	Fax: ()	

2 PET(S) / MASCOTA(S)

Pet's Name: Nombre de la mascota:		Species: <input type="checkbox"/> Dog <input type="checkbox"/> Cat Especie: <input type="checkbox"/> Perro <input type="checkbox"/> Gato	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female Género: <input type="checkbox"/> Macho <input type="checkbox"/> Hembra	Spayed or neutered: Esterilizado o Neutralizado: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Si <input type="checkbox"/> No
Birthdate: (MM/DD/YYYY) / / Fecha de nacimiento: (Mes/Día/Año)	Color/Markings: Color/Manchas:	Dominant Breed: Raza predominante:		
Medical Illnesses/Allergies: Enfermedades médicas:		Medications: Medicaciones:		
Date of last rabies vaccination: (MM/YYYY) Fecha de la última vacuna contra la rabia: (Mes/Año) /		What veterinary clinic do/will you use? ¿Que clínica veterinaria utiliza o utilizará?		
Do you have other pets? ¿Tiene mascotas?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Si <input type="checkbox"/> No	If yes, Si es así,	Number of dogs: Número de perros:	Number of cats: Número de gatos:
Are they currently microchipped? ¿En la actualidad llevan ellos un microchip?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Si <input type="checkbox"/> No	If yes, indicate microchip type: Si es así, indique el tipo de microchip:		<input type="checkbox"/> Type unknown <input type="checkbox"/> De tipo desconocido

3 EMERGENCY CONTACT / CONTACTO EN CASO DE EMERGENCIA

First Name: Nombre:		Last Name: Apellido:	
Tel. Home: Teléfono de domicilio: ()	Mobile: Móvil: ()	Other: Autre: ()	

4 MICROCHIP PROVIDED BY / EL MICROCHIP FUE SUMINISTRADO POR

Name of Shelter / Veterinary Clinic: Nombre del albergue o clínica veterinaria:	Friends of MI Animals Rescue	Tel.: Teléfono: ()
Address: Dirección:	P.O. Box 854	City: Ciudad:
State: Estado:	Belleville, MI 48112-0854	Date of Adoption: (MM/DD/YYYY) / / Fecha de adopción: (Mes/Día/Año)
	Tel 734.461.9458 Fax 734.461.9459	
	Zip Code: Zip:	

5 SHELTERCARE INSURANCE COVERAGE / SEGURO SHELTERCARE

<input type="checkbox"/> Yes, I would like to activate my gift of pet insurance, pre-paid by Petfinder.com. Your coverage will begin at 12:01 a.m. EST 2 days following the adoption date of your pet. (This form must be postmarked within 10 days of the date of adoption for your pet to be eligible for this coverage.) No payment information required.	<input type="checkbox"/> Si, me gustaría activar el regalo de seguro de mi mascota, el cual es pre-pago por Petfinder.com. La extensión del seguro empezará a las 12:01 am EST a los dos días de la fecha de adopción de su mascota. Esta planilla deberá estar sellada por el correo en menos de 10 días de la fecha de adopción para que su mascota sea elegible a la extensión del seguro no se requiere de información de pago.
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6 PET HEALTH INSURANCE COVERAGE / COBERTURA DE SEGUROS DE SALUD PARA MASCOTAS

Does your pet currently have pet health insurance? <input type="checkbox"/> No <input type="checkbox"/> If yes, indicate provider: _____ Policy#: _____	¿Tiene su mascota seguro de salud actualmente? <input type="checkbox"/> No <input type="checkbox"/> En caso afirmativo indique quién es el proveedor: _____ Número de la póliza: _____
EmergencyCare insurance coverage is the only program of its kind that provides pre-authorized coverage for your cat or dog if it is found by a third party and requires immediate medical attention. You'll be covered for up to \$3000 in veterinary fees. Enroll now by calling 1-866-375-PETS (7387) or visit the ShelterCare Pet Insurance Programs at www.sheltercare.com for more information about EmergencyCare and other valuable pet insurance programs.	La extensión del seguro EmergencyCare es el único programa de esta índole que provee extensión de seguro pre-autorizado para su gato o perro en caso de que sea encontrado por terceras personas y que requieran de atención médica inmediata. Ud. estará asegurado por hasta \$3,000 en gastos veterinario. Inscríbese ya, llamando al 1-866-375-PETS (7387) o visite a Shelter Care Insurance Programs en el sitio www.sheltercare.com. Para mayor información sobre cuidados de urgencia y otros valiosos programas de seguros para mascotas.

RELEASE FOR PARTICIPATION IN PET MICRO-CHIPPING

Event: Micro chip Implant

Date: _____

Location: _____

Although micro chip implanting is a safe, permanent, and easy way to identify a pet as belonging to you, there could be, in very rare occasions, complications/reactions resulting in the procedure. Complications may, but are not limited to, the pet biting either the implant participant's owner and/or the person(s) performing or helping with the procedure. The most common reaction to a micro chip is minor bleeding from the injection, especially in smaller pets or pets that move/jerk during the procedure. This is normal and will subside in just a few minutes. Temporary discoloring of the hair follicles is also a possibility, especially in white or light colored pets. Although problems with micro chip implants are very rare because the implant is injected just under the skin and not into the muscle or critical area of a pet, if the pet moves or jerks during the procedure there is a slight risk that the needle could miss the target resulting in injury to the pet.

In signing this form you agree not to hold FMAR or FMAR employees and volunteers, or the said hosting facility liable for injury to you or your pet before, during or after the procedure. In signing both parties agree to cancel the procedure should the pet show undo aggression, fear, excessive resistance to the procedure, or if FMAR and it's participants feel the pet is too small or unhealthy.

I also hereby acknowledge that my pet is current with their rabies vaccination.

I hereby release and forever hold harmless the organization, its directors, officers, employees, agents, and volunteers, and its and their heirs, successors, assigns, and personal representatives, from any liabilities, losses, costs, expenses, damages or injuries whatsoever which your pets incur or sustain in connection with the Event.

Print Name

Signature

Address

City, State, Zip

Dated: _____

Telephone: _____



"Our mission is to protect animals and residents by promoting a healthy and safe environment for all"