



HOPE.  
CARE.  
COMPASSION.

# MICROCHIP CLINIC LIABILITY & PHOTO WAIVER

Name: \_\_\_\_\_

Pet's Name (s): \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

I confirm that I am the owner/guardian of the above pet(s) and am authorized to consent to my animal(s) having a microchip implant and hereby provide this consent. My signature indicates that I understand the procedure and have had all my questions answered to my satisfaction. I hereby waive and release any and all claims against the Guelph Humane Society, their employees, volunteers, and directors, and any and all sponsors, their representatives and successors for any future medical treatment or other costs related directly or indirectly to the microchip procedure.

I agree to assume all risks inherent in participation, whether they are apparent to me or not. I acknowledge that participation carries an inherent risk of injury to my person, pet(s), and damage to my property. I hereby waive and release, for myself and for my heirs and assigns, any and all claims, causes of action, or liabilities which may hereafter accrue against the Guelph Humane Society, their employees, volunteers, and directors, and any and all sponsors, their representatives and successors, that may arise as a result of my participation in the microchip clinic, including any and all claims for personal injuries.

Further, I hereby grant full permission to any and all of the above mentioned to use any photographs, motion pictures, recordings, or any other record of these events for any legitimate purpose, including commercial advertising, without monetary payment to me.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

P.O. Box 684, 500 Wellington Street West, Guelph ON N1H 6L3 | 519.824.3091 | [guelphhumane.ca](http://guelphhumane.ca)

Well-being • Lost & Found • Adoption • Education • Wildlife • Protection