**VACCINE WAIVER**

I, the owner of my pet, understand that it is my decision not to vaccinate. I have chosen not to give the following vaccines to my animal.

* Influenza
* DHLPP (Distemper)
* Bordetella

Vaccinations become effective two weeks following administration. In the event, your animal gets ill, owner acknowledges Animals Friends’ Pampered Paws will not be held responsible.

I understand that my pet may come in contact with any of the above while at Animal Friends Pampered Paws and may become ill. By signing this waiver, I agree not to hold Animal Friends Pampered Paws liable in the event your pet becomes ill. Rabies is required by State Law and must be administered prior to your arrival or before entering our premises.

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

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

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

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