

Acknowledgement of Receipt of Microchip Information

(Hospital Letterhead)

Owner's Name: _____

Address: _____

Patient's Name: _____

Species: _____

Breed: _____

Sex: _____ **Date of Birth** _____

I am the lawful owner of the animal described above which had a microchip implanted by a previous owner. I acknowledge receipt of contact information for the microchip database company that monitors said microchip. I acknowledge that it is my sole responsibility to contact the microchip database company, and [the Hospital] has no obligation to do so.

By signing this form, I agree to indemnify and hold harmless [the Hospital] against any claims which may be filed by any discovered previous owners of the animal described above as a result of the discovery of the microchip in consideration of [the Hospital's] acceptance of the animal described above as a patient.

The Undersigned Owners AGREE and UNDERSTAND that the terms contained in this Agreement are not mere recitals but have been expressly agreed to by the Undersigned Owners and are to be construed under the laws of the State of Indiana.

The Undersigned Owners HEREBY DECLARE that they have read or had read to them this Primary Owner Consent and Waiver Form and that they fully understand the terms of this Primary Owner Consent and Waiver Form and that they are fully authorized to enter into and execute this Primary Owner Consent and Waiver Form.

Signed: _____

Owner

Date: _____