

MICROCHIP PLACEMENT CONSENT FORM AND WAIVER

Veterinarian Services Provided by:

Clayton McCook, DVM

Equine Sports Medicine & Surgery (Racetrack Division, OKC/Claremore)

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Held by: Oklahoma Large Animal First Responders, Inc. (OLAFR, Inc.)

Microchip Consent Form

MicrochipID Equine is a nationwide system for recovering a lost or stolen horse. It utilizes a tiny microchip, the size of a grain of rice, which is implanted into the horse's nuchal ligament. Individual microchip numbers are registered in the national database managed by MicrochipID Equine. When a horse is separated from the owner(s) a Universal Scanner may be used to identify the unique encoded number on the implanted microchip and the registrant can be identified and contacted. After initial registration, it will be the responsibility of the registrant to keep information current should an address or phone number change.

Microchip Identification Prepare for Disaster - very few lost horses/pets find their way home without permanent identification!

Do you wish us to implant a **MicrochipID Equine** for \$30.00, which includes lifetime registry with MicrochipID Equine?

YES _____ (Initials)

NO _____ (Initials)

REGISTRANT'S NAME: _____ (Please Print)

I hereby authorize and direct Dr. Clayton McCook to implant a MicrochipID Equine in the horse(s) I present.

_____ (Initials)

Waiver

I fully understand that a physical exam is not being performed. I certify that to the best of my knowledge the horse(s) is (are) healthy. I confirm that if I have any concerns or problems with said horse's health which may relate to the microchipping procedure, they will be presented to Dr. McCook prior to the implantation of the microchip.

By signing below, I agree to hold harmless and release from all liability Clayton McCook DVM with Equine Sports Medicine & Surgery, Oklahoma Large Animal First Responders Inc. (OLAFR, Inc.) and all their past, present or future officers, agents, volunteers, employees or assigns from any issues arising from implantation of this microchip or matters relating thereto.

Furthermore, I acknowledge that no proof of ownership of the horse has been confirmed during this microchipping process, and that the implantation of the microchip is being performed for future identification purposes only. "Lifetime Registration" of the animal under the terms of this contract does not provide definitive proof of ownership. I am however, either the owner of the animal or legally permitted to provide my contact information for the identification purposes.

SIGNATURE OF REGISTRANT/OWNER/RESPONSIBLE AGENT

DATE: _____

Please Print - this must be the information you will use to register your Microchip(s)

Client Information

Registrant's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone Number: _____

Cell Phone Number: _____

Email: _____

PLACE MICROCHIP STICKER(S) BELOW HERE:

Horse	Name and brief description	Chip sticker

IMPORTANT: PLEASE NOTE THAT YOU MUST GO TO THE URL ON THE CARD PROVIDED TO REGISTER YOUR HORSES OR TO UPDATE THE INFORMATION