

WOLF HYBRID OWNER CONSENT FOR RABIES INOCULATION

*(This or any form used should be reviewed and approved by the veterinary clinic's legal counsel.)

I (owner name) request that (name of veterinarian, veterinary clinic) give my wolf-dog hybrid (name of animal) a rabies vaccination. I understand that this vaccine is not licensed for use in wolf/dog hybrid animals due to a lack of scientific studies showing that the rabies vaccine is effective in preventing rabies in wolf hybrids. In requesting that this vaccine be administered to my animal, I understand and release the veterinarian of responsibility should my animal contract rabies. I further understand that:

1. My animal is a breed that is susceptible to rabies, a fatal disease that can be transmitted to other animals and to humans.
2. Although this vaccine may provide immunity to my wolf-dog hybrid, its efficacy has not been proven and I will not assume that my animal is protected in the event of an exposure to rabies.
3. My animal is subject to state and local laws and ordinances regarding the disposition (quarantine, euthanasia, testing) of animals that are exposed to rabies, and animals that bite or expose people.
4. *I understand that neither (Veterinary Clinic), nor the manufacturer or distributor of this rabies vaccine have made any representations or warranties as to the effectiveness of this vaccine for my animal, and I agree that none of those parties shall be liable for any damages which might result from failure of this vaccine, including but not limited to reactions, contraction of rabies virus by my animal or subsequent infection of other animals or persons by my animal.*

I fully understand the risks, potential benefits, and limitations of rabies inoculation for my animal. I have been given the opportunity to ask questions and my questions have been answered to my satisfaction.

In consideration of this agreement, I release (Veterinary Clinic) and its employees, the manufacturer and distributor of this rabies vaccine from any and all claims, damages or actions resulting from or connected with vaccinating my animal against rabies.

Date Signature of owner

Date Signature of Witness