Updated 6/2026

COUNTY OF CALAVERAS
ANIMAL SERVICES

SERVICES COMPLETED:

☐ Rabies Vaccine

☐ Microchip Implant

Microchip Implant Release Form
FOCAS Sponsored Rabies & Microchips Clinics

I, the undersigned, do hereby certify that I am the owner or duly authorized agent for the owner of the animal described below, that I give Calaveras County Animal Services and/or Friends of Calaveras Animal Services, a federally recognized tax exempt nonprofit, agents, and/or representatives full and complete authority to implant a microchip in the animal described below. I as the owner or duly authorized agent of the owner am requesting this free service being offered.

I understand FOCAS/Calaveras County Animal Services will register this chip for free and it is my responsibility to maintain the registration information once registered. I have read and understand this authorization and consent. I further understand that I assume financial responsibility for all services rendered if any should arise.

SIGN HERE

_____

Signature of Owner or Agent **Must be Calaveras County resident only**

Your Name					
Address					
City		**State**	**CA**	**Zip:**	
Best Phone		Optional **Alternate Phone**			
Email					

** WE NEED A VALID EMAIL ADDRESS FOR MICROCHIP REGISTRATION **

Your Pet's Name		**DOG** ◯ **CAT** ◯		**Age** **Years** | **Months**	
Breed(s)		**Colors/Markings**			
Sex	**MALE** ◯ **FEMALE** ◯	**Altered/Fixed**		**YES** ◯ **NO** ◯	

Microchip Sticker Goes Here

Implanted By:

Print Form **Next Pet**

Shelter: 901 JEFF TUTTLE DRIVE Mail: 891 MOUNTAIN RANCH ROAD
SAN ANDREAS, CALIFORNIA 95249
Voice: (209) 754-6509 FAX: (209) 754-6815