

First Name _____ Middle Initial _____ Last Name _____
 First Name _____ Middle Initial _____ Spouse Last Name _____
 Address _____ Apt./Lot# _____ Email: _____
 City _____ State _____ Zip Code _____
 Home Phone # (_____) _____ Cell Phone # (_____) _____
 Work Phone # (_____) _____ Cell Phone # (_____) _____

Doctor
or Tech's
Initials

Client
Acct. #

(If paying by check, check writer's information below is REQUIRED on check & below.)

Name on Driver's License _____ License ST _____ # _____ Exp. Date _____
 DOB _____ Race _____ Sex _____ Hair color _____ Eye color _____ Height _____ Weight _____

Please initial yes or no for each: Have any of your pets ever had a reaction to vaccinations? Yes ___ No ___
 Are they currently sick or pregnant? Yes ___ No ___ Have they bitten anyone in the last 10 days? Yes ___ No ___

 # _____ Pet's Name _____ Breed _____ Color _____

Dog _____ Cat _____ (Male ___ Neutered? ___) (Female ___ Spayed? ___) Microchip Wanted? _____
 Rabies Tag # _____

Date of Birth ____/____/____ Heartworm Test Wanted? _____ Weight _____ Issued Today _____

_____ Pet's Name _____ Breed _____ Color _____

Dog _____ Cat _____ (Male ___ Neutered? ___) (Female ___ Spayed? ___) Microchip Wanted? _____
 Rabies Tag # _____

Date of Birth ____/____/____ Heartworm Test Wanted? _____ Weight _____ Issued Today _____

_____ Pet's Name _____ Breed _____ Color _____

Dog _____ Cat _____ (Male ___ Neutered? ___) (Female ___ Spayed? ___) Microchip Wanted? _____
 Rabies Tag # _____

Date of Birth ____/____/____ Heartworm Test Wanted? _____ Weight _____ Issued Today _____

Dogs
Package A:.....\$10
 Rabies
Package B: Minimum Protection.....\$29
 Rabies – DHPP
Package C: Better Protection.....\$43
 Rabies – DHPP – Intranasal Bordetella
Package D: Maximum Protection.....\$69
 Rabies-DHPP-Intranasal Bordetella-K-9 Influenza
 Also available: Lyme Disease Vaccine \$28 & Rattlesnake Vaccine \$27

Cats
Package A:.....\$10
 Rabies
Package B: For Inside Only Cats.....\$28
 Rabies – FVRCP
Package C: For Outside Cats.....\$47
 Rabies – FVRCP – Leukemia

Method of
Payment:
Cash _____
Check _____
Check # _____
Amount Paid: _____

Vaccinations will NOT be provided to pets with a history of previous reactions to vaccinations.
 For dogs over 6 months of age, a negative heartworm test **must** have been performed by our clinic before we can dispense heartworm medication.

Heartworm Test only \$8 w/negative results & purchase of a year's worth of heartworm preventative at time of testing.

We accept cash and checks only We offer puppy & kitten shots! Microchipping Available

PRICES ARE SUBJECT TO CHANGE