

STRAY HAVEN HUMANE SOCIETY & SPCA
Free Rabies Clinic – Sunday, November 1st 2020

FOR STRAY HAVEN USE ONLY

Date Received: _____

Paid _____ Staff: _____

CLINIC PRE-REGISTRATION

How many animals are you pre-registering and will be bringing to the clinic? _____ Dogs _____ Cats

Owner's Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Cel phone: _____

Email: _____

Pet #1 – Dog or Cat

Pet's name: _____ Sex: *Male or Female* Spayed/neutered: *Yes or No*

Breed(s): _____ Age: _____

Color(s): _____ Weight: _____

Services requested: RABIES DISTEMPER MICROCHIP

Has this pet had Rabies vax before? No or Yes, when? _____

Has this pet had a Distemper vax before? No or Yes, when? _____

Pet #2 – Dog or Cat

Pet's name: _____ Sex: *Male or Female* Spayed/neutered: *Yes or No*

Breed(s): _____ Age: _____

Color(s): _____ Weight: _____

Services requested: RABIES DISTEMPER MICROCHIP

Has this pet had Rabies vax before? No or Yes, when? _____

Has this pet had a Distemper vax before? No or Yes, when? _____

Pet #3 – Dog or Cat

Pet's name: _____ Sex: *Male or Female* Spayed/neutered: *Yes or No*

Breed(s): _____ Age: _____

Color(s): _____ Weight: _____

Services requested: RABIES DISTEMPER MICROCHIP

Has this pet had Rabies vax before? No or Yes, when? _____

Has this pet had a Distemper vax before? No or Yes, when? _____

Total services:

_____ Rabies vaccines x FREE = _____

_____ Distemper vaccines x \$15 = _____

_____ Microchips x \$15 = _____

Total owed: \$ _____