

Staff Use Only

Total amount owed: _____

Cash Check Credit Card

Initial when paid in full: _____

Tucker County Animal Shelter Vaccine Clinic

All questions must be filled out COMPLETELY.

Date: _____

Owner's Name (First): _____ (Last): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

1) Pet's Name: _____ Pet's Age: _____ Years Months Weeks

Species: Dog Cat Sex: Male Female Is your pet spayed or neutered? Yes No

Color: _____ Breed: _____

2) Pet's Name: _____ Pet's Age: _____ Years Months Weeks

Species: Dog Cat Sex: Male Female Is your pet spayed or neutered? Yes No

Color: _____ Breed: _____

3) Pet's Name: _____ Pet's Age: _____ Years Months Weeks

Species: Dog Cat Sex: Male Female Is your pet spayed or neutered? Yes No

Color: _____ Breed: _____

4) Pet's Name: _____ Pet's Age: _____ Years Months Weeks

Species: Dog Cat Sex: Male Female Is your pet spayed or neutered? Yes No

Color: _____ Breed: _____

ALL PETS MUST HAVE CURRENT PROOF (CERTIFICATE) OF A ONE YEAR RABIES VACCINATION TO RECEIVE A THREE YEAR RABIES VACCINATION TODAY.

What vaccines does your pet need today? Please check next to each vaccine.

Cats		Total	Dogs		Total
Rabies- \$5	x		Rabies- \$5	x	
FVRCP- \$15	x		DHPP- \$15	x	
Leukemia- \$20	x		DHLPP- \$20	x	
Microchip- \$20			Bordetella- \$15	x	
			Lyme- \$25	x	
			Lepto- \$15	x	
			Microchip		
Grand Total:			Grand Total:		