

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: 01-11-2020

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 RECIEVE A THREE YEAR RABIES VACCINATION TODAY.

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

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

Are you microchipping your pet today? Microchip with free lifetime registration: \$20 YES NO