

13011 Maugansville Road Hagerstown, MD 21740 Phone 301-733-2060

## OFFICE USE ONLY

Distemper Dog

Bordetella Dog

Distemper Cat

## **Vaccination Clinic: Client and Patient Information**

Please print out a separate sheet of paper for each pet. You may fill out the entire sheet for one pet and just fill out the pet information section and requested services for each additional pet. Please staple all forms together with the page containing the completed owner information on top.

OWNER'S NAME

Street Address (phys	sical address)		
City	State	Zip Code	County
Phone Number	Email:		
PET'S NAME			Species ( ) Cat ( ) Dog
			Spayed/neutered () Yes () No
Please check reques	sted services:		
-		de copy of a previous	rabies vaccine even if long overdue)
Rabies 1 year va	iccine - \$10		
	er-parvo) 1 year vaccin nel cough) 1 year vacc	· • ·	
FVRCP (distemp	er) 1 year vaccine (ca	ts) - \$15	
Microchip - \$15			
County License (	(dogs only)1 3	=	of previous rabies vaccine required)
	L	ifetime - \$25 (proc	of of 2 previous 3-year rabies vaccines required)
DOGS			<u>CATS</u>
Flea and Tick Prevention			Flea Prevention
Single Dose (\$14) 6 Dose Pack (\$80)			Single Dose (\$14) 3 Pack (\$40)
0 DOSE FACK (30)	<i>O</i> j		J rack (240)
Please note: Please stay be in carriers. By signing this Waiver ar all related activities.	in your car until an emplo nd Release Agreement, I a	oyee or volunteer ass m consenting to the I	ists you. Dogs must be on leash or in carriers, and cats mu medical procedures being performed on my animal and
Signature Signature			<mark>Date</mark>