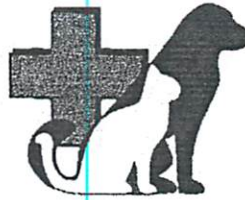


# Canine Vaccination Record



ABC Pet Clinic

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Mobile  Landline  DOB \_\_\_\_\_

Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

\*\*\*\*\*

Pets Name: \_\_\_\_\_

Breed: \_\_\_\_\_ Age: \_\_\_\_\_ Wt: \_\_\_\_\_

Sex: Male or Female (Circle one) Color \_\_\_\_\_

Neutered/Spay Yes or No (Circle one if applicable)

If you are not sure what vaccines are due and want us to administer vaccines that are due according to our computer records please initial here \_\_\_\_\_.

OR

I know I only want the following vaccines: Please initial here \_\_\_\_\_.

\_\_\_\_\_ \$25 Distemper Vaccine (DHPP) 1yr/ 1st (or) 3yr

\_\_\_\_\_ \$19 Rabies Vaccine 1yr/ 1st (or) 3yr

\_\_\_\_\_ \$25 Lepto Vaccine Annual

\_\_\_\_\_ \$25 Lyme Vaccine Annual

\_\_\_\_\_ \$25 Bordetella Vaccine Injectable Annual

\_\_\_\_\_ \$38 Canine Influenza (H3N2) Annual

\_\_\_\_\_ \$35 Rattlesnake Vaccine Annual

I request and Authorize ABC Pet Clinic to vaccinate and/or provide a service for the above described animal. I understand that vaccines can cause adverse reactions in some animals. I hereby release ABC Pet Clinic and any employees from any claims arising out of or connected with giving these vaccinations and/or services.