



Forgotten Felines and Fidos, Inc.

Canine Vaccination Form

Please fill out a separate form for each pet receiving services. **Vaccinations are available at our Public clinics only.** We are not able to take credit cards, **cash or check only.** For safety purposes we request that all dogs be leashed.

Clinic Sunday April 14, 2024 10:00AM - 2:00 PM
Dogs 10:00AM - 12:00PM

Owner Information

Owner's Name:		
Address:		
City:	State:	Zip:
Home Phone:	Cell Phone:	
Email:		

Pet Information

Pet Name:	Color:	Breed:
Sex:	Age:	Size:

<input type="checkbox"/>	Male	<input type="checkbox"/>	3-12 mo	<input type="checkbox"/>	Under 20 lbs
<input type="checkbox"/>	Female	<input type="checkbox"/>	12 mo or older	<input type="checkbox"/>	20-50 lbs
<input type="checkbox"/>	Neutered	<input type="checkbox"/>	Actual age	<input type="checkbox"/>	Over 50 lbs
				<input type="checkbox"/>	Actual lbs

Services Requested (please check)

<input type="checkbox"/>	Canine Distemper, Adenovirus & Parvovirus (no Leptospirosis) \$20.00	<input type="checkbox"/>	Canine Rabies Vaccine-1 year \$20.00
<input type="checkbox"/>	Canine Distemper, Adenovirus, Leptospirosis & Parvovirus Vaccine \$25.00	<input type="checkbox"/>	Canine Rabies Vaccine 3 Year- <i>Must bring proof of prior vaccination to be eligible for 3 year vaccine</i> \$25.00
<input type="checkbox"/>	Bordetella (Kennel Cough) \$20.00	<input type="checkbox"/>	Microchip \$25.00

I acknowledge this a low cost vaccination clinic. My pets are not receiving a physical examination but I am taking full responsibility that they are healthy. I will be responsible for any additional medical expenses that may occur after this clinic. My signature releases the veterinarian and Forgotten Felines and Fidos, Inc. clinic from any and all responsibility.



_____ (signature)

_____ (date)

