



Forgotten Felines and Fidos, Inc.

Canine Vaccination Form

(Please fill out a separate form for each pet receiving services) **Vaccinations are available at our September and April clinics only.** Prices subject to change. Current prices are available on our website. We are not able to take credit cards, cash or check only. For the safety purposes we request that all dogs be leashed.

Owner Information

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

Pet Information

Pet Name:	Color:	Breed:
Sex:	Age:	

<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"/>	Bordetella Vaccine	<input type="checkbox"/>	
<input type="checkbox"/>	Canine Rabies Vaccine-1 year	<input type="checkbox"/>	Canine Rabies Vaccine 3 Year- <i>You must bring your certificate showing last vaccine is not expired</i>
<input type="checkbox"/>	Canine Distemper, adenovirus, Leptospirosis & Parvovirus Vaccine	<input type="checkbox"/>	Heart Worm / Lyme, Anaplasmosis, Ehrlichia Testing For Dog
<input type="checkbox"/>	Lyme Disease Vaccine- <i>Please bring proof of previous vaccine or requires before new or expired vaccine</i>	<input type="checkbox"/>	Microchip

How did you hear about the Forgotten Felines and Fidos, Inc. Vaccination Clinic? (Please circle)

FFF Website	FFF Events Email	Facebook	Volunteer	Newspaper
Other: _____				

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)



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