

SPECIAL EVENT @ ELLINGTON FARMER'S MARKET
RABIES VACCINE & MICROCHIP CLINIC
JUNE 4TH, 2016 -- 9:00 AM – 12:00 NOON

RABIES VACCINE & MICROCHIP CLINIC

CLIENT REGISTRATION FORM

Owner's Name: _____ Date: June 4th, 2016

Street Address: _____ Town: _____ Zip: _____

Primary Contact Phone Number: _____ home cell work other

Alternative Contact Phone Number: _____ home cell work other

PET NO. 1

Name _____

Birth Date _____

Species: cat dog other _____

Breed: _____ Sex: _____

Color: _____

Approximate weight: _____

Spayed/Neutered: YES NO

Does your pet have a microchip? YES NO

Primary Care Veterinarian: _____

Has your pet ever had a vaccine reaction? _____

If yes, please describe: _____

PET NO. 2

Name _____

Birth Date _____

Species: cat dog other _____

Breed: _____ Sex: _____

Color: _____

Approximate weight: _____

Spayed/Neutered: YES NO

Does your pet have a microchip? YES NO

Primary Care Veterinarian: _____

Has your pet ever had a vaccine reaction? _____

If yes, please describe: _____

For office use only:

Rabies vaccine: () 1 year () 3 year

Rabies tag #: _____

Microchip tag #: _____

For office use only:

Rabies vaccine: () 1 year () 3 year

Rabies tag #: _____

Microchip tag #: _____

AUTHORIZATION

() I authorize the veterinarian to give my pet(s) a rabies vaccine.\$20.00 cash only ... Paid _____

() I authorize the veterinarian to implant a microchip under my pet(s) skin.\$30.00 cash only (includes registration fee)
Paid _____

Signature of Pet Owner or Agent: _____ Date: _____