

**Sierra Veterinary Hospital's
Spring Vaccine Clinic
April 6, 2024**

PLEASE REMAIN IN YOUR VEHICLE

Client Name: _____

Address: _____

City: _____ State _____ Zip _____

Phone: _____

Established Client

New Client

Circle New Pet if it is a New Pet

| | Pet #1 New Pet | Pet #2 New Pet | Pet #3 New Pet |
|-------|----------------------|----------------------|----------------------|
| Name | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| DOB | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| SEX | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Breed | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Color | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Put a check mark for each vaccine under each pet

| Canine Vaccines: | Clinic Charge | | | |
|-----------------------|---------------|--------------------------|--------------------------|--------------------------|
| K-9 Rabies | \$ 16.00 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Rattlesnake | \$ 24.00 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Distemper/Parvo/Lepto | \$ 39.00 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Bordetella/PI | \$ 42.00 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Canine Influenza | \$ 42.00 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Leptospira | \$ 26.00 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Lyme Disease | \$ 40.00 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| Feline Vaccine: | | | | |
|----------------------|----------|--------------------------|--------------------------|--------------------------|
| Purevax Rabies | \$ 27.00 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Purevax FVRCP | \$ 23.00 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Purevax FEL LEUK | \$ 39.00 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Home Again Microchip | \$ 40.00 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Client Signature _____