

Processing Form for 2020 Rabies Clinic:

PRINT LAST:

FIRST:

PHONE:

STREET ADDRESS:

ZIP:

Animal #1

DOG MALE AGE _____ SIZE: _____ COLOR: _____
CAT FEMALE DOB _____ Under 20 lbs. BREED: _____
20 lbs. - 50 lbs. NAME: _____
51 + lbs.

Animal #2

DOG MALE AGE _____ SIZE: _____ COLOR: _____
CAT FEMALE DOB _____ Under 20 lbs. BREED: _____
20 lbs. - 50 lbs. NAME: _____
51 + lbs.

Animal #3

DOG MALE AGE _____ SIZE: _____ COLOR: _____
CAT FEMALE DOB _____ Under 20 lbs. BREED: _____
20 lbs. - 50 lbs. NAME: _____
51 + lbs.

Animal #4

DOG MALE AGE _____ SIZE: _____ COLOR: _____
CAT FEMALE DOB _____ Under 20 lbs. BREED: _____
20 lbs. - 50 lbs. NAME: _____
51 + lbs.

NOTE: Due to the Coronavirus Pandemic, and the need to Social Distance, we are asking that you complete this form for all animals you are bringing to be vaccinated at our Drive Thru Clinic. This will allow for the workers to fill your paperwork out faster and help keep the line moving quickly. If you do not fill this out prior to your arrival at the Clinic, you will be asked to do so upon arrival and before entering the building to obtain the shot. PLEASE PRINT CLEARLY!!

Animal #5

DOG MALE AGE _____ SIZE: _____ COLOR: _____
CAT FEMALE DOB _____ Under 20 lbs. BREED: _____
20 lbs. - 50 lbs. NAME: _____
51 + lbs.

Animal #6

DOG MALE AGE _____ SIZE: _____ COLOR: _____
CAT FEMALE DOB _____ Under 20 lbs. BREED: _____
20 lbs. - 50 lbs. NAME: _____
51 + lbs.

Animal #7

DOG MALE AGE _____ SIZE: _____ COLOR: _____
CAT FEMALE DOB _____ Under 20 lbs. BREED: _____
20 lbs. - 50 lbs. NAME: _____
51 + lbs.

Animal #8

DOG MALE AGE _____ SIZE: _____ COLOR: _____
CAT FEMALE DOB _____ Under 20 lbs. BREED: _____
20 lbs. - 50 lbs. NAME: _____
51 + lbs.

Animal #9

DOG MALE AGE _____ SIZE: _____ COLOR: _____
CAT FEMALE DOB _____ Under 20 lbs. BREED: _____
20 lbs. - 50 lbs. NAME: _____
51 + lbs.

Animal #10

DOG MALE AGE _____ SIZE: _____ COLOR: _____
CAT FEMALE DOB _____ Under 20 lbs. BREED: _____
20 lbs. - 50 lbs. NAME: _____
51 + lbs.
