

**SAVE TIME AT THE CLINIC  
BY FILLING OUT THIS FORM  
FOR EACH OF YOUR PETS  
AND BRING IT WITH YOU TO  
THE CLINIC — PRINT —  
USE BALL POINT PEN**

**PET #1**

**Please bring proof of the pet's prior rabies vaccination.**

|                                 |                                 |   |  |                   |        |
|---------------------------------|---------------------------------|---|--|-------------------|--------|
| Owner's Name & Address          |                                 |   | Print - use ball point pen or type     |                   |        |
| PRINT Last                      |                                 | First                                   | M                                      | Telephone         |        |
| No.                             | Street                          | City                                    |  | State             | Zip    |
| Dog <input type="checkbox"/>    | Sex <input type="checkbox"/>    | Age <input type="checkbox"/>            | Size <input type="checkbox"/>          | Predominant Breed | Colors |
| Cat <input type="checkbox"/>    | Male <input type="checkbox"/>   | 3 mo to 12 mo <input type="checkbox"/>  | Under 20 lbs. <input type="checkbox"/> |                   |        |
| Ferret <input type="checkbox"/> | Female <input type="checkbox"/> | 12 mo or older <input type="checkbox"/> | 20-50 lbs. <input type="checkbox"/>    |                   |        |
| Pet's Name                      |                                 |   | Over 50 lbs. <input type="checkbox"/>  |                   |        |

**PET #2**

|                                 |                                 |   |  |                   |        |
|---------------------------------|---------------------------------|---|--|-------------------|--------|
| Owner's Name & Address          |                                 |   | Print - use ball point pen or type     |                   |        |
| PRINT Last                      |                                 | First                                   | M                                      | Telephone         |        |
| No.                             | Street                          | City                                    |  | State             | Zip    |
| Dog <input type="checkbox"/>    | Sex <input type="checkbox"/>    | Age <input type="checkbox"/>            | Size <input type="checkbox"/>          | Predominant Breed | Colors |
| Cat <input type="checkbox"/>    | Male <input type="checkbox"/>   | 3 mo to 12 mo <input type="checkbox"/>  | Under 20 lbs. <input type="checkbox"/> |                   |        |
| Ferret <input type="checkbox"/> | Female <input type="checkbox"/> | 12 mo or older <input type="checkbox"/> | 20-50 lbs. <input type="checkbox"/>    |                   |        |
| Pet's Name                      |                                 |   | Over 50 lbs. <input type="checkbox"/>  |                   |        |

**PET #3**

|                                 |                                 |   |  |                   |        |
|---------------------------------|---------------------------------|---|--|-------------------|--------|
| Owner's Name & Address          |                                 |   | Print - use ball point pen or type     |                   |        |
| PRINT Last                      |                                 | First                                   | M                                      | Telephone         |        |
| No.                             | Street                          | City                                    |  | State             | Zip    |
| Dog <input type="checkbox"/>    | Sex <input type="checkbox"/>    | Age <input type="checkbox"/>            | Size <input type="checkbox"/>          | Predominant Breed | Colors |
| Cat <input type="checkbox"/>    | Male <input type="checkbox"/>   | 3 mo to 12 mo <input type="checkbox"/>  | Under 20 lbs. <input type="checkbox"/> |                   |        |
| Ferret <input type="checkbox"/> | Female <input type="checkbox"/> | 12 mo or older <input type="checkbox"/> | 20-50 lbs. <input type="checkbox"/>    |                   |        |
| Pet's Name                      |                                 |   | Over 50 lbs. <input type="checkbox"/>  |                   |        |