OFFICE USE ONLY
Last name letter/First name initial Date: **October 18, 2025**

HUMANE SOCIETY OF PARKERSBURG-SPOT CLINIC

506 29th Street
Parkersburg, WV 26101
Phone: (304) 917-4275

COMPLETE A SEPARATE FORM FOR EACH ANIMAL
Owner information PLEASE PRINT CLEARLY AND LEGIBLY-

Last name, First _____ Pet Name: _____ Cat/Dog

Address: _____ Breed:_____ Sex: _____ Altered Y/N

City/State/Zip:_____ Color:_____ Weight_____ Age_____

Phone:_____ Email:_____

SERVICES REQUESTED
(Check all that apply)

CANINE

( ) Rabies vaccine 1YR ( )3 YR+
( ) DHLPP **OR**
( ) DHPP**
( ) Bordetella

( ) Lyme Vaccine
( ) Microchip

FELINE

( ) Rabies vaccine 1YR ( ) 3 YR+
( ) FVRCP
( ) Feline leukemia
( ) Microchip

ALL VACCINES AND MICROCHIPS ARE AVAILABLE WHILE SUPPLIES LAST
MAXIMUM OF **TWO** PETS PER CLIENT FOR EACH TRIP THROUGH THE LINE.
NO PAID TRANSACTIONS ON THIS DATE (NO FLEA MEDICATIONS, WORMER OR OTHER SALES).

ALL PETS MUST BE ABLE TO ENTER THE FACILITY, DUE TO THE NATURE OF THIS EVENT, WE ARE UNABLE TO PROVIDE CARSIDE SERVICE

**Puppy vaccination
+ Three-year rabies vaccine can only be administered if there is proof of a current **unexpired** one-year rabies shot provided at the time of registration.

We always recommend a client discuss any medical, behavioral or vaccination concerns with a veterinarian prior to any treatment! Thank you for choosing the SPOT Clinic.