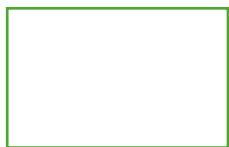


OFFICE USE ONLY

Last Name Letter/First Name Initial

Date: _____



HUMANE SOCIETY OF PARKERSBURG-SPOT CLINIC

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

Owner Information (please print clearly & legibly)

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

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

City/State/Zip: _____ Color: _____ Weight: _____ Age: _____

Phone: _____ Email: _____

SERVICES REQUESTED (Chek all that apply)

CANINE

- | | |
|--------------------------------------------------|-----------|
| <input type="checkbox"/> Rabies Vaccine 1yr/3yr | \$25/\$30 |
| <input type="checkbox"/> DHLPP | \$25 |
| <input type="checkbox"/> DHPP** | \$25 |
| <input type="checkbox"/> Lyme Vaccine | \$30 |
| <input type="checkbox"/> Bordetella | \$25 |
| <input type="checkbox"/> Influenza | \$35 |
| <input type="checkbox"/> Microchip | \$20 |
| <input type="checkbox"/> Broad Spectrum Dewormer | varies |
| <input type="checkbox"/> Pyrantel | \$1/ml |
| <input type="checkbox"/> Fea Meds (topical | \$20 +tax |
| <input type="checkbox"/> Seresto Collar-dog | \$64 +tax |

FELINE

- | | |
|--------------------------------------------------|-----------|
| <input type="checkbox"/> Rabies Vaccine 1yr/3 yr | \$25/\$30 |
| <input type="checkbox"/> FVRCP | \$25 |
| <input type="checkbox"/> Feline Leukemia | \$25 |
| <input type="checkbox"/> Profender (dewormer) | \$25 |
| <input type="checkbox"/> Microchip | \$20 |
| <input type="checkbox"/> Flea Meds (topical) | \$20 +tax |
| <input type="checkbox"/> Revolution | \$20 |
| <input type="checkbox"/> Seresto Collar-cat | \$64 +tax |

Three year rabies requires proof of current unexpired rabies vaccination

** Puppy vaccination

***Requires a booster (also \$35) and must be given separate from rabies vaccine.

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.