

# 2015 Rabies Clinic

## Information Sheet

Please fill out the following information. Bring this form and \$10.00 (CASH or CHECK ONLY) with you to the clinic.

### Owner Information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ Phone #: \_\_\_\_\_

### Animal Information:

Type of Animal: Dog Cat

Animal Name: \_\_\_\_\_ Breed: \_\_\_\_\_

Color: \_\_\_\_\_ Weight: \_\_\_\_\_

Sex: Male Female Spayed Neutered

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### Clinic Staff ONLY:

Payment Collected: \_\_\_\_\_

Clinic Location: \_\_\_\_\_

Rabies Tag Picked Up: \_\_\_\_\_

### Shelter ONLY:

Microchip: Yes or No

NOTES:

