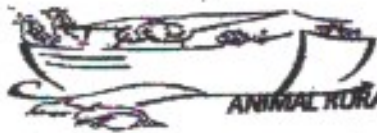


Vaccine Clinic



ARK

(520) 456-0029

www.animalruralklinic.com

ANIMAL RURAL CLINIC VETERINARY SERVICES

DR. PAMELA BRAMBERT, DVM

DATE _____ OWNER _____ PHONE # _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

Pet		Age	Male/ Female		BREED	S/N					
Exam	Rabies	Dhpp/c	Bordetella	Fvrp/c	Leuk Test	Leuk Vac	Snake	Nails	Anal	Microchip	TOTAL
35	20	20	20	20	30	25	25	10-20	20	30	

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I understand the risks associated with all vaccinations/procedures and consent to their being done and I am to be held responsible for payment of all charges

BALANCE DUE: _____

Paid Cash or Credit

SIGNATURE _____ DATE _____