



PAWS AND CLAWS VETERINARY CLINIC
 302 S. Acker
 Sanger, TX 76266

Phones: (940) 458-2529
 (940) 458-7488
 Fax: (940) 458-2527
 Email: vet@sangerpawsandclaws.com

VACCINATION CLINIC

OWNER INFORMATION

Today's Date: _____

Are you a current client of Dr. Wallace? Yes No **IF No, please provide complete information below.**

Last Name: _____ First Name: _____

Address: _____ City/State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Mailing Address if different: _____

Email (for updates and reminders): _____

(Please print clearly)

Drivers License # (if paying by check): _____ DOB: _____

I, _____, give permission for all Paws and Claws staff, to give out my phone numbers and address, to aid in returning my pet to my home.

PAYMENT INFORMATION

****DUE AT TIME OF SERVICE****

CASH CHECK Credit Card

-Staff Use Only-

Total Fees _____

PET INFORMATION

****Please complete information on each animal being vaccinated****

How many pets do you have to be vaccinated today? _____

Pet 1: Name _____ Species: Dog Cat

Breed: _____ Color: _____ Age: _____

Is your animal spayed or neutered? Yes No Gender: Male Female

Approximate Weight: _____

Staff Only: Annual Combo \$20 Combo Plus \$35 Rabies ONLY \$10 Micro-Chip \$30 Pet 1 Total _____

Pet 2: Name _____ Species: Dog Cat

Breed: _____ Color: _____ Age: _____

Is your animal spayed or neutered? Yes No Gender: Male Female

Approximate Weight: _____

Staff Only: Annual Combo \$20 Combo Plus \$35 Rabies ONLY \$10 Micro-Chip \$30 Pet 2 Total _____

****Space for more animals on back****

Pet 3: Name _____

Species: Dog Cat

Breed: _____

Color: _____

Age: _____

Is your animal spayed or neutered? Yes No

Gender: Male Female

Approximate Weight: _____

Staff Only: Annual Combo \$20 Combo Plus \$35 Rabies ONLY \$10 Micro-Chip \$30 Pet 3 Total _____

Pet 4: Name _____

Species: Dog Cat

Breed: _____

Color: _____

Age: _____

Is your animal spayed or neutered? Yes No

Gender: Male Female

Approximate Weight: _____

Staff Only: Annual Combo \$20 Combo Plus \$35 Rabies ONLY \$10 Micro-Chip \$30 Pet 4 Total _____

Pet 5: Name _____

Species: Dog Cat

Breed: _____

Color: _____

Age: _____

Is your animal spayed or neutered? Yes No

Gender: Male Female

Approximate Weight: _____

Staff Only: Annual Combo \$20 Combo Plus \$35 Rabies ONLY \$10 Micro-Chip \$30 Pet 5 Total _____

Pet 6: Name _____

Species: Dog Cat

Breed: _____

Color: _____

Age: _____

Is your animal spayed or neutered? Yes No

Gender: Male Female

Approximate Weight: _____

Staff Only: Annual Combo \$20 Combo Plus \$35 Rabies ONLY \$10 Micro-Chip \$30 Pet 6 Total _____

--Staff Use Only Please --

Total Client Fees Collected

\$ _____

Cash ----- Check ----- Credit Card -----