

Banderas Pet Hospital & Boarding

29772 Avenida de las Banderas #B , Rancho Santa Margarita, CA 92688
(949) 766-4449 - Fax-(714)882-7713
info@rsmVet.com - rsmVet.com

CANINE Low Cost Vaccination Clinic

Sat. 9am to 11am * Cash, Debit or Credit Card Only *\$4 hazardous waste fee per pet applies.

-ALL NEW NON-CLIENTS WITHOUT PREVIOUS VACCINE VERIFICATION-

Vaccine immunity duration is minimally stated until proof of previous vaccination is provided.

Once verification is received, vaccine duration will be revised appropriately.

G Check here to certify your pet is **NOT PREGNANT**, is **6 MONTHS OR OLDER** & has **NO KNOWN ADVERSE REACTION** to vaccines

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|--------------------------|-------------------------|-------------|---|
| <input type="checkbox"/> | RABIES | \$9 | : FATAL disease on the nervous system- transmittable to humans.
<u>Begin at 4 mos., repeat 1 yr later then every 3 yrs</u> |
| <input type="checkbox"/> | DA2P & PARVO | \$19 | Highly contagious viral disease affecting the intestinal & nervous system.
Highly contagious, bloody diarrhea and vomiting.
<u>Every 3 years after initial series.</u> |
| <input type="checkbox"/> | BORDETELLA | \$15 | Highly contagious upper respiratory disease.
<u>Every 6 months after initial series.</u> |
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- | | | | |
|---|----------------------|-------------|--|
| G | LYME | \$33 | Tick transmitted disease that can cause permanent damage.
<u>Yearly after initial series.</u> |
| G | LEPTOSPIROSIS | \$26 | Highly contagious urine transmitted disease affecting kidneys & urinary system. <u>Every 6 months after initial series.</u> |
| G | RATTLESNAKE | \$40 | Recommended for dogs who take walks on trails or who run freely in open fields. <u>Yearly after initial series.</u> |
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Are you presently our client? YES _____ NO _____

How did you hear about us? Ambulance: _____; Sign: _____; Yellow Pages: _____; Friend: _____;

Our Website: _____; Google: _____; Bing: _____; Facebook: _____; Yelp: _____; City Search: _____;

Other Website: _____; Other: _____

Name (Print) _____ Home Phone _____

Cell Phone: _____ E-Mail: _____

Address _____ City _____ Zip _____

Pet's Name _____ Breed _____ Color _____ Birthday _____

Sex _____ Spayed/ Neutered? Y N Estimated Weight _____

Signature _____ Date _____