



29772 Avenida de las Banderas, Ste. B  
Rancho Santa Margarita, CA 92688  
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## FELINE Low Cost Vaccination Clinic

Sat. 9am - 11 am

Cash, Debit, or Credit Card Only

**There is a \$4 hazardous waste fee per pet**

**-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 that your pet is **NOT PREGNANT**, is **between 6 months and 12 years old** & has **NO KNOWN ADVERSE REACTION** to vaccines.

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|--------------------------|----------------------|-------------|--|
| <input type="checkbox"/> | <b>FELINE RABIES</b> | <b>\$17</b> | <b>FATAL</b> disease of the nervous system- transmittable to humans. <b><u>Begin at 4 months. Repeat yearly.</u></b> |
| <input type="checkbox"/> | <b>FVRCP</b>         | <b>\$19</b> | Highly contagious respiratory virus similar to pneumonia. <b><u>Repeat in 1 year, then every 3 years.</u></b>        |
| <b>G</b>                 | <b>BORDETELLA</b>    | <b>\$15</b> | Highly contagious upper respiratory disease that can cause pneumonia. <b><u>Every 6 months.</u></b>                  |
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- |          |                 |             |   |
|----------|-----------------|-------------|---|
| <b>G</b> | <b>LEUKEMIA</b> | <b>\$26</b> | Leading cause of deaths in cats. Breaks down the immune system- similar to AIDS. <b><u>Yearly after initial series.</u></b> |
|----------|-----------------|-------------|---|
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Are you presently our client? YES \_\_\_\_\_ NO \_\_\_\_\_

How did you hear about us? Ambulance: \_\_\_\_\_; Sign: \_\_\_\_\_; Friend (Name) \_\_\_\_\_;

Google: \_\_\_\_\_; Facebook: \_\_\_\_\_; Yelp: \_\_\_\_\_; City Search: \_\_\_\_\_; Animal Services: \_\_\_\_\_; NextDoor: \_\_\_\_\_

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 \_\_\_\_\_