



H.E.L.P. Animals, Inc. LOW COST PET SHOTS

P.O. Box 740514, Orange City, FL 32774-0514

Limited Practice Lic. # VL96

Rabies Tag #:

Phone: 1-386-775-4966

!!!! CASH ONLY!!!!

Owner's Name:

Last _____ First _____

Street Address _____

City _____ State _____ Zip _____

Phone: _____ E-mail: _____

SPECIES: Dog ___ Cat ___ Other _____ **AGE:** 3-12 Months ___ 12 Months or Older ___

SEX: Male ___ Female ___ (Please circle one) - Spayed / Neutered / Altered / Fixed

SIZE: Under 10 Lbs. ___ 10 – 20 Lbs. ___ 20 – 50 Lbs. ___ Over 50 Lbs. ___

PREDOMINATE BREED: _____

COLORS _____ **PET'S NAME** _____

Please circle all that apply !!!!!

DOG VACCINE

Adenovirus Type 2
Coronavirus
Distemper
Parainfluenza
Parvovirus

\$9

RABIES

\$6

CANINE FLU

VACCINE **\$25**

CAT VACCINE

Calicivirus
Chlamydia
Panleukopenia
Rhinotracheitis

\$9

FELINE LEUKEMIA: \$15

BORDETELLA / KENNEL COUGH

\$15

DEWORMING: \$5

TOTAL _____

TAPE WORM: by Weight..... **Cat: up to 10 lbs.....\$12, over 10 lbs.....\$18**
Dogs: up to 10 lbs.....\$12, 11 to 50 lbs.....\$18, over 50 lbs.....\$27

I understand that Allergic Reactions may happen in some dogs and cats, therefore I understand that I will be responsible for any and all expenses incurred if a reaction occurs. The undersigned does hereby agree to indemnify and hold harmless H.E.L.P. Animals, Inc. their agents, volunteers, assigns or heirs, Dr. Noelany Cruz, DVM, any County or City Government within the State of Florida or any organization or person affiliated with the H.E.L.P. Animals, Inc Low Cost Pet Shot Events from any and all claims for personal injury or damaged property resulting from my (our) participation in this event.

I also understand that this is a "Limited Veterinary Practice" and I must visit a Full Service Veterinarian for all other services, such as a Complete Physical and Testing. I sign below as the registered adult owner of the pet named above.

X _____ Date ____/____/____