

Veterinary Medical Hospital of Clearwater

Reduced cost vaccination Clinic Check-in Form Canine

Wednesday 9AM – 11AM

Saturday 1PM – 4PM

Your Information

Last Name: _____ First Name: _____
 Address: _____ City: _____ Zip: _____
 Cell Phone: _____ Other Phone: _____
 Email Address: _____

Family Members Information

Name: _____ (DOG) Breed: _____ Color: _____
 Birthday: _____ Please circle: MALE NEUTERED FEMALE SPAYED

Package #1
Price: \$148

Package #2
Price: \$138

Package #3
Price: \$131

Package #4
Price: \$122

3 Year Rabies
3 Year Distemper/Parvo
1 Year Leptospirosis
6 month Bordetella
Yearly Heartworm Test

3 Year Rabies
3 Year Distemper/Parvo
6 month Bordetella
Yearly Heartworm Test

1 Year Rabies
1 Year Distemper/Parvo
1 Year Leptospirosis
6 month Bordetella
Yearly Heartworm Test

1 Year Rabies
1 Year Distemper/Parvo
6 month Bordetella
Yearly Heartworm Test

Package #5
Price: \$111

Package #6
Price: \$100

Puppy Package
Price: \$82

Distemper/Parvo
Bordetella
Strongid Deworming

Individual Prices:
1 Year Rabies: \$23
3 Year Rabies: \$38
Pinellas County License:
1 Year: \$21
3 Year: \$41
1 year Distemper/Parvo \$39
3 Year Distemper/Parvo: \$39
Distemper/Parvo/Lepto: \$49
1 Year Leptospirosis: \$39
6 month Bordetella: \$35
1 Year Canine Flu: \$45
Yearly Heartworm Test: \$35
Intestinal Parasite Test: \$32

3 Year Distemper/Parvo
1 Year Leptospirosis
6 month Bordetella
Yearly Heartworm Test

3 Year Distemper/Parvo
6 month Bordetella
Yearly Heartworm Test

Please note, Puppies package
Is for dogs under 6 months of
Age. We follow AVMA
Recommendations to have
Puppies vaccinated at 8, 12,
and 16 weeks old

Proheart 6

Six months heartworm prevention in
ONE simple injection

Up to 25 lbs: \$55
25.1 – 50 lbs: \$70
50.1 – 100 lbs: \$ 86
Over 100 lbs: \$105

Proheart 12

Twelve month heartworm prevention
In ONE simple injection

Up to 25lbs: \$95
25.1 – 50 lbs: \$115
50.1 – 100 lbs: 155
Over 100 lbs: \$195

***Please Note a \$6.75 Bio-Hazardous Waste Fee per patient will be added for each patient**

I certify that I am the Owner and/or Agent of the animal that I have brought today. I understand that any animal may have an allergic reaction to Immunization. I do not hold The Veterinary Medical Hospital of Clearwater, It's Staff or Doctors responsible in any way should an allergic reaction occurs resulting in death or additional expense. My pet is healthy and has not bitten anyone for 14 days. **A written prescription will be filled for Clinic Patients at time of visit. After the visit a \$7.00 Administrative Fee is charged for each and every individual online prescription.** This is a well pet vaccine clinic and not for diagnosis and treatment of medical conditions or problems. If you have other concerns we will be happy to schedule a full office appointment to address them.

I hereby acknowledge that I have read the foregoing and fully understand the terms and conditions set forth.

Signature: _____ Date: _____

PAYMENT IN FULL DUE AT TIME OF VISIT