

Veterinary Medical Hospital of Clearwater
Reduced cost vaccination Clinic Check-in Form Feline

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

Feline Vaccine Package #1
Price: \$90

1 Year Rabies
1 Year Feline Respiratory/Distemper
1 Year Feline Leukemia

Feline Vaccine Package #2
Price: \$110

3 Year Rabies
3 Year Feline Respiratory/Distemper
1 Year Feline Leukemia

Kitten Package
Price: \$88

Feline Respiratory/Distemper
Feline Leukemia
Strongid Deworming

Please note Kitten Package is for cats
Under six months of age. We follow the
AVMA recommendations to have kittens
vaccinated at 8, 12, and 16 weeks old

Individual Prices:

1 Year Rabies: \$23
3 Year Rabies: \$38

Pinellas County License:

1 Year: \$21
3 Year: \$41

1 Year Feline Respiratory/Distemper/Chlamydia: \$39

3 Year Feline Respiratory/Distemper: \$39

1 Year Feline Leukemia: \$40

Feline Leukemia & Feline AIDS Test: \$58

Intestinal Parasite Test: \$32

Strongid T – Hook/Round worming: \$25

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

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 All 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 vaccination 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