

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

Wednesday: 9AM – 11AM

Saturday: 1PM – 3:30PM

**Your Information**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_

**Family Member's Information**

Name: \_\_\_\_\_ (CAT) Breed: \_\_\_\_\_ Color: \_\_\_\_\_  
Birthday: \_\_\_\_\_ Please circle: MALE NEUTERED FEMALE SPAYED

**PLEASE CIRCLE YOUR CHOICE:**

Feline Vaccine Package #1 Price: \$80  1 Year Rabies 1 Year Feline Respiratory/Distemper 1 Year Feline Leukemia	Kitten Package Price: \$78  Feline Respiratory/Distemper Feline Leukemia Strongid Deworming  *Please note Kitten Package is for cats under 6 months of age. We follow the AVMA recommendations to have kittens vaccinated at 8, 12, and 16 weeks old.	Individual Prices: 1 Year Rabies: \$20 3 Year Rabies: \$36 Pinellas County License: 1 Year: \$20 3 Year: \$40 1 Year Feline Respiratory/Distemper/Chlamydia: \$37 3 Year Feline Respiratory/Distemper/chlamydia \$37 1 Year Feline Leukemia: \$31 Feline Leukemia & Feline AIDS Test: \$53 Intestinal Parasite Test: \$26
Feline Vaccine Package #2 Price: \$100  3 Year Rabies 3 Year Feline Respiratory/Distemper 1 Year Feline Leukemia		

**\*Please Note a \$6.50 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 filled from an online pharmacy we do NOT partner with. Initial Please:**

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**