

Welcome to All Springs Veterinary Hospital's Discounted Vaccine Clinic. This clinic is for healthy pets only. Please make an appointment during regular appointment hours to discuss any health concerns about your pet.

Payment is due at the time of service.

Starred (\*) items indicate a required service/vaccine.

**\*Brief Exam (Required):**

Check all services wanted

Puppy(less than 6 months): \$16.25

Adult: \$19.10

**\*Biohazard Fee (Required):** \$2.05

**Heartworm Test (Recommended):** \$21.70

Note: Annual test is required for purchase of heartworm prevention.

**Fecal Exam (Recommended):** \$11.40

Note: During busy times, results may not be available until next day.

**\*Rabies Vaccine (if due) Choose ONE:**

**Rabies ONLY:** - Exam fee waived \$ 9.50

This includes a cursory exam ONLY for the purpose of administering the rabies vaccine, full exam is required to purchase prescription products and receive other vaccines.

**Rabies Vaccine with exam:** \$5.75

**Recommended Vaccines (Choose one of these):**

**DA2PP (Distemper/Parvo):** \$9.90

Note: For dogs that are NOT exposed to the urine or tissues of wild animals, such as rats, squirrels, foxes, etc). Booster needed in 3 weeks if never given before.

**DA2PLP(Distemper/Parvo with Lepto):** \$12.95

Note: For dogs that are exposed to the urine or tissues of wild animals, such as rats, squirrels, foxes, etc. Booster needed in 3 weeks if never given before

**Leptospirosis:** \$11.70

Note: Recommended for dogs that are exposed to urine or tissues of wild animals but up to date on distemper/parvo. Booster in 3 weeks if never given before.

**Recommended vaccines for dogs being boarded,**

**groomed, or attending dog shows/classes:**

**Intranasal Bordetella (Kennel Cough Vaccine):** \$10.65

**K9 Bivalent Combo Flu:** \$25.90

Note: Booster needed in 3 weeks if never given before.

**Lymes:** \$22.90

Note: For pets traveling to areas where Lyme disease is prevalent, such as New England.

**Other Services:**

Nail Trim: \$4.60

Ear cleaning: \$5.45

Anal Glands: \$7.15

I am the authorized agent of the pet listed and have read, and agreed with the information above and will read any recommendations or instructions on my receipt.

Please note that vaccine reminders will not be mailed to pet owners participating in vaccine clinic.

**Pet Name:** \_\_\_\_\_

**Owner Name:** \_\_\_\_\_ **Owner**

**Signature:** \_\_\_\_\_

