

2016 BRDC Shot Clinic Registration Form

Owner's Name: _____

Address: _____

Phone # where you can be contacted April 2, 2016 the day of the Clinic: _____

Location of Horse if not the same as above: _____

You must have volunteered for 4 hours for the club during 2015 to qualify for the Shot Clinic.

Please enclose copy of work card.

Registration must be completed in entirety, please check off requested shots and

make sure to fill in age, breed, color, sex)

Items: All prices are subject to change without notice and are based on todays costs

SPRING VACCINE (Eastern/Western, Encephalomyelitis, Tetanus & Influenza) price of each shot **\$30.00**

Rabies price of each shot _____ **\$20.00**

Coggins price for each horse _____ **\$20.00**

West Nile price of each shot _____ **\$35.00**

Horse Name	Age	Breed	Color	Sex M/G/S	Spring Vaccine	Rabies	West Nile	Coggins	Cost

Total : _____

2016 BRDC Shot Clinic Registration Form

A responsible party must be present and have the horse(s) haltered and stalled when the veterinarian arrives.

Payment due day of clinic (checks payable to Linda Eiben DMV)

NOT BRDC.

Please return the shot form no later than March 15, 2016 to:

Diana Walther

12 N. Brookfield Rd.

New Braintree, MA 01531

Total : _____