

## 2018 BRDC Shot Clinic Registration Form

Owner's Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone # where you can be contacted April 14, 2018 the day of the

Clinic: \_\_\_\_\_

Location of Horse if not the same as above: \_\_\_\_\_

\_\_\_\_\_

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

be 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 : \_\_\_\_\_

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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 April 6, 2018 to:

Diana Walther

12 N. Brookfield Rd.

New Braintree, MA 01531

Email any questions to [dianawalther@charter.net](mailto:dianawalther@charter.net)

or call 774-200-1892

Total : \_\_\_\_\_