

2020 BRDC Shot Clinic Registration Form

Owner's Name: _____

Address: _____

Phone # where you can be contacted April 5, 2020 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

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

Total : _____

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

NOT BRDC.

Please return the shot form no later than March 15, 2020 to:

Diana Walther

12 N. Brookfield Rd.

New Braintree, MA 01531

Email any questions to dianawalther@charter.net

or call 774-200-1892

Total : _____