

2008 SHOT CLINIC REGISTRATION FORM

Owner's Name & Address

Telephone #: _____

Tel. # to reach you at the day of the clinic

Location of horse: _____

Street address and Town

Have you worked/donated an item toward an event? _____

If so, which event: _____

<u>Item</u>	<u>Cost</u>
4-way with rabies (Eastern/Western Encephalomyelitis, Tetanus, Influenza and Rabies)	\$35.00
Coggins	\$20.00
West Nile	\$25.00

Horse Name	4-way	Coggins	West Nile	Age	Breed	Color	Sex M/G/S	COST \$

Total \$ _____

A responsible party must be present and have the horse, with a halter on, in a stall when the veterinarian arrives.

Return form no later than April 5, 2008 (payment to be made the day of the clinic) to:

Christine Stymiest
29 Fruitland Road
Barre, MA 01005

No shot orders will be accepted via phone or e-mail, dues must be paid prior to the day of the shot clinic.