

Faribault Veterinary Clinic

Vaccination & Clinic April 14th, 2018

Dr. Jesse Sandbulte

Owner's Name: _____

Email (for receiving Cogigns test) _____

If new: client, address & phone# _____

Have we taken pictures of your horse previously for Coggins? _____

of horses? _____

Any new horses? _____

Rush Coggins test? (cost is more) _____

	DESCRIPTION	PRICE	QUANTITY	TOTAL	HORSE'S NAME & TUBE #
4VC1	<u>Package 1:</u> Coggins West Nile Combo (WNV/ESS/WSS/TT) Rabies/Potomac Flu/Rhino Strangles	\$156	X _____ = _____		_____ _____ _____ _____ _____
4VC2	<u>Package 2:</u> (client favorite) Coggins West Nile Combo (WNV/ESS/WSS/TT) Rabies/Potomac Flu/Rhino	\$125	X _____ = _____		_____ _____ _____ _____
4VC3	<u>Package 3:</u> Coggins West Nile Combo (WNV/ESS/WSS/TT) Rabies/Potomac	\$95	X _____ = _____		_____ _____ _____
4VC4	<u>Package 4:</u> West Nile Combo (WNV/ESS/WSS/TT) Rabies/Potomac Flu/Rhino	\$97	X _____ = _____		_____ _____ _____
4VC5	<u>Package 5:</u> West Nile Combo (WNV/ESS/WSS/TT) Rabies/Potomac	\$67	X _____ = _____		_____

CIRCLE

Dr. Admin or Owner Take Home

4CTC	Coggins Test	\$28	N/A	X _____ = _____
4EETWN	West Nile Combo	\$39	\$35	X _____ = _____
4EERF	Rhino/Flu	\$30	\$26	X _____ = _____
4EERP	Rabies/Potomac	\$28	N/A	X _____ = _____
4EERAB	Rabies Only	\$18	N/A	X _____ = _____
4PF	Potomac Only	\$24	\$20	X _____ = _____
4SG	Strangles	\$31	\$26	X _____ = _____
4EEWN	West Nile Only	\$33	\$29	X _____ = _____

Grand Total: _____

Payment Type: Cash, Ck, Visa, MC, DISC.

Card # _____ Exp _____

Send Receipt: Y or N

Mail CT: Y or N

