

# Faribault Veterinary Clinic

## Vaccination & Clinic April 9th, 2016

### Dr. Jesse Sandbulte

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

Email (for receiving Coggins 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	\$152	X _____ = _____		_____ _____ _____ _____ _____
4VC2	<u>Package 2:</u> (client favorite) Coggins West Nile Combo (WNV/ESS/WSS/TT) Rabies/Potomac Flu/Rhino	\$122	X _____ = _____		_____ _____ _____ _____ _____
4VC3	<u>Package 3:</u> Coggins West Nile Combo (WNV/ESS/WSS/TT) Rabies/Potomac	\$93	X _____ = _____		_____ _____ _____ _____
4VC4	<u>Package 4:</u> West Nile Combo (WNV/ESS/WSS/TT) Rabies/Potomac Flu/Rhino	\$95	X _____ = _____		_____ _____ _____ _____
4VC5	<u>Package 5:</u> West Nile Combo (WNV/ESS/WSS/TT) Rabies/Potomac	\$66	X _____ = _____		_____ _____

#### CIRCLE

Dr. Admin or Owner Take Home

4CTC	Coggins Test	\$27	N/A	X _____ = _____
4EETWN	West Nile Combo	\$38	\$34	X _____ = _____
4EERF	Rhino/Flu	\$29	\$24.75	X _____ = _____
4EERP	Rabies/Potomac	\$28	N/A	X _____ = _____
4EERAB	Rabies Only	\$25	N/A	X _____ = _____
4PF	Potomac Only	\$23	\$19	X _____ = _____
4SG	Strangles	\$30	\$26.25	X _____ = _____
4EEWN	West Nile Only	\$26.50	\$22.50	X _____ = _____

**Please Mail Back By April 7th  
or bring with to fairgrounds**

Faribault Veterinary Clinic  
2200 Lyndale Avenue North  
Faribault, MN 55021

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

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

Card # \_\_\_\_\_ Exp \_\_\_\_\_

Send Receipt: Y or N

Mail CT: Y or N