

# Faribault Veterinary Clinic

## Vaccination & Coggins Clinic April 13th, 2019

Dr. Jesse Sandbulte

Owner's Name: \_\_\_\_\_  
 Email (for receiving Coggins test) \_\_\_\_\_  
 If new client, address & phone# \_\_\_\_\_

Horses Coggins tested last year by FVC? \_\_\_\_\_  
 # of horses? \_\_\_\_\_  
 Any new horses? \_\_\_\_\_  
 Rush Coggins test? (cost is more) \_\_\_\_\_

	DESCRIPTION	PRICE	QUANTITY	TOTAL	HORSE'S NAME & TUBE #
4VC1	<b>Package 1:</b> Coggins Sleep/Tet/West Nile Rabies/Potomac Flu/Rhino Strangles	\$159	X _____ = _____		_____ _____ _____ _____ _____
4VC2	<b>Package 2: ***</b> Coggins Sleep/Tet/West Nile Rabies/Potomac, Flu/Rhino	\$128	X _____ = _____		_____ _____ _____ _____
4VC3	<b>Package 3:</b> Coggins Sleep/Tet/West Nile Potomac/Rabies	\$98	X _____ = _____		_____ _____ _____
4VC4	<b>Package 4:</b> Sleep/Tet/West Nile Rabies/Potomac Flu/Rhino	\$100	X _____ = _____		_____ _____ _____
4VC5	<b>Package 5:</b> Sleep/Tet/West Nile Rabies/Potomac	\$70	X _____ = _____		_____

CIRCLE WHICH  
Dr. Admin or Owner Take Home

4CT	Coggins Test	\$28	N/A	X _____ = _____
4EETWN	Sleep/Tet/West Nile	\$39	\$35	X _____ = _____
4EERF	Flu/Rhino	\$30	\$26	X _____ = _____
4EERP	Rabies/Potomac	\$31	N/A	X _____ = _____
4SG	Strangles	\$31	\$26	X _____ = _____
4EERAB	Rabies Only	\$20	N/A	X _____ = _____
4PF	Potomac Only	\$26	\$22	X _____ = _____
4EEWN	West Nile	\$33	\$29	X _____ = _____

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

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

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

Send Receipt: Y or N

Mail Coggins Test: Y or N