ſ			Vaccinations									
		CLINIC ORGANIZER:	NAME:			PHONE:				EMAIL:		
Loomis	Loomis Basin Equine	DATE:										
		BARN NAME:										
		VACCINE	CLINIC									

CLINIC ORGANIZER: NAME: Owner / Horse Info					PHONE: EMAIL:													
					Vaccinations							Other Services						
	Phone Number (w/area code)	Horse's Name	Current LBEMC Client (YES / NO)	* Special pricing is valid when 6 or more horses receive vaccine services from a LBEMG doctor at the same location. Payment must be made at the time of service to receive discounted pricing.										Sheath Cleaning Exam Fecal				
	(w/area code)			UNSURE	Core Vax	Flu/Rhino	3-Way	West Nile	3-Way + West Nile	Rabies	Strangles	Wormer	Check Teeth	Dental			Fecal	
							0											
							0											
			TOTALS															