Loomis Basin Equine
MEDICAL GROUP

VACCINE CLINIC

BARN NAME: DATE:

CLINIC ORGANIZER: NAME: PHONE:

EMAIL:

	Owner / Horse Info				Vaccinations								Other Services					
	Owner's Name (First & Last)	Phone Number (w/area code)	Horse's Name	Current LBEMC Client (YES/NO)	** 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 the discounted pricing shown.*													
					UNSURE	CORE VAX	FLU/RHINO	3-WAY	WEST NILE	3-WAY + WEST NILE	RABIES	STRANGLES	WORMER	CHECK TEETH	DENTAL	SHEATH CLEANING	ANNUAL EXAM	FECAL
1					☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
2					☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
3					☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
4					☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
5					☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
6					☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
7					☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
8					☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
9					☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
10					☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
11					☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
12					☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
13					☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
14					☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
15					☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
				TOTALS														