Vaccination & Micro-chipping Clinic

Saturday, March 28th
10 a.m.—2:00 p.m.

Pricing (day of clinic only)

- Microchip (includes registration) ........................................ $20
- Rabies (animals 4 months of age and up) ........................... $5
- Distemper/Parvo/Combo (dogs/cats 4 months of age and up) .... $5

Get your 2020 License: $12 (altered animal) or $24 (unaltered animal)

- All Milwaukee County Residents are required to license their animals.
- All participants must pre-pay, walk-ins will not receive the discounted price. To pre-pay stop in at MADACC or complete the form on the back prior to March 26th.
- The day of the event clients will be seen on a first come, first serve basis so wait times may vary. Please be prepared to wait outside.
- All dogs must be leashed and all cats should be in a carrier.
- Bring your pet’s previous vaccination history if available.
- All animals should be healthy, not pregnant, and safe to handle.
- Please closely supervise any children in attendance for their safety.
- No additional veterinary care will be provided.
- No refunds will be provided.

- MADACC
- 3839 W. Burnham St.
- (414) 649-8640

MILWAUKEE AREA DOMESTIC ANIMAL CONTROL COMMISSION
## MADACC Vaccine & Licensing Clinic Payment Form

### Owner/Animal Information

<table>
<thead>
<tr>
<th>Owner Name:</th>
<th>Animal Name:</th>
<th>Sex:</th>
<th>Altered?:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phone #:</td>
<td>Street Address:</td>
<td>City:</td>
<td>Zip:</td>
</tr>
<tr>
<td>Address:</td>
<td>Species/Breed:</td>
<td>Age:</td>
<td>Color:</td>
</tr>
</tbody>
</table>

### Services Available

- Microchip – Includes Registration: $20
- Rabies (animals 4 months of age and up): $5
- Distemper/Parvo/Combo (dogs/cats 4 months of age and up): $5
- License Altered Animals: $12
- License Unaltered Animals: $24

#### Requested Services
- [ ] Rabies
- [ ] Distemper/Parvo
- [ ] License
- [ ] Microchip

#### Total Amount Due: ________

#### E-Mail address REQUIRED for microchip: _______________________

### Payment

Master Card/Visa/Discover #: __________________________________________

Expiration Date and 3-digit Security #: ______________________ |

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**For internal use only:**

- [ ] Payment Processed by ________
- [ ] Data Entry Complete
- [ ] Receipt/Confirmation Mailed

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Please return form to MADACC via fax at 414-763-6234, in person at MADACC located at 3839 W. Burnham Street, West Milwaukee, WI or scan and email to c fredericksen@madacc.org.