

# Vaccination & Micro-chipping Clinic

## COVID-19 UPDATE

YOU CAN STILL REGISTER FOR THE SHOT CLINIC. IT WILL BE HELD ON A TBD DATE OR DATES. YOU WILL AVOID THE LATE FEE BY REGISTERING BEFORE MARCH 31ST

### 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)



3839 W. Burnham St.

(414) 649-8640

- 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 31 st.
- 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 VACCINE & LICENSING CLINIC PAYMENT FORM**

**OWNER/ANIMAL INFORMATION**

Owner Name: \_\_\_\_\_

Animal Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Altered?: \_\_\_\_\_

Phone #: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Species/Breed: \_\_\_\_\_ Age: \_\_\_\_\_ Color: \_\_\_\_\_

**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 #: \_\_\_\_\_ / \_\_\_\_\_

**For internal use only:**

Payment Processed by \_\_\_\_\_     Data Entry Complete     Receipt/Confirmation Mailed

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 [cfredericksen@madacc.org](mailto:cfredericksen@madacc.org).