MADACC

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.