



## 4-H Vaccination Policy and Authorization

\*\* Payment for services provided at all 4-H Vaccine Clinics is required at the time of service. We accept all major credit cards as well as cash or check. \*\*

Owner \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone(s) H \_\_\_\_\_ C \_\_\_\_\_ W \_\_\_\_\_

Email Address \_\_\_\_\_

County Attended \_\_\_\_\_

Registered Name	Barn Name	DOB	Breed	Color	Gender

I hereby authorize Conley and Koontz Equine Hospital, to administer vaccinations to my horse(s).

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Vaccines/Services: \_\_\_\_\_

Total Amount: \_\_\_\_\_

Payment Received: \_\_\_\_\_