



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

Signature: _____ **Date:** _____

Vaccines/Services: _____

Total Amount: _____

Payment Received: _____