

Hamilton Burlington SPCA
Rabies/Microchip Clinic Patient Record

Date:

Location: HBSPCA 245 Dartnall Rd

Owner Information

First Name _____ Last Name _____
Address _____
City _____ Postal Code _____
Phone # _____ Email _____

Pet Information

Pet Name _____ CAT _____ DOG _____
Male _____ Neutered _____ Female _____ Spayed _____
Birthday (MM/DD/YYYY) _____
Breed _____ Colour/Pattern _____
Is your pet microchipped? YES _____ NO _____ # _____

History

Has your pet bitten a person in the last 10 days? YES _____ NO _____
Will your dog require a muzzle? YES _____ NO _____

Please provide your primary care veterinarian (if known) _____

Date of last Rabies Vaccine _____

Staff Only

Rabies Tag # _____

Re-vaccine date _____

Services requested _____

Rabies Vaccine _____

Microchip _____

Amount Paid _____

Receipt # _____