



## 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).