

# Large Animal Veterinary Associates

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Equine Medicine, Surgery, Reproduction, and Dentistry

**Stable:** \_\_\_\_\_

**Day/Date:** \_\_\_\_\_

**Time:** \_\_\_\_\_

***PAYMENT FOR SERVICES IS REQUIRED ON THE DAY OF THE CLINIC.  
FOR ANY CLIENT WHO CHOOSES NOT TO PAY AT THAT TIME,  
THERE WILL BE A \$5.00 BILLING FEE ATTACHED.  
THANK YOU FOR YOUR PROMPT PAYMENT.***

**A = 5-way vaccine \$48**

**B = West Nile Virus vaccine \$33**

**C = Flu/Rhino vaccine \$30**

**D = Strangles vaccine \$30**

**E = Deworming \$15 - \$18**

**F = Teeth Float \$100 - \$120 + \$42\*  
(\*Requires Sedation)**

**G = Sheath Cleaning \$35 + \$42\*  
(\*Requires Sedation)**

**H = Other (Write In by Owner)**

<b>Owner's Name</b>	<b>Horse's Name(s)</b>	<b><u>Circle choice(s)</u></b>
1. _____	_____	A B C D E F G H
2. _____	_____	A B C D E F G H
3. _____	_____	A B C D E F G H
4. _____	_____	A B C D E F G H
5. _____	_____	A B C D E F G H
6. _____	_____	A B C D E F G H
7. _____	_____	A B C D E F G H
8. _____	_____	A B C D E F G H
9. _____	_____	A B C D E F G H
10. _____	_____	A B C D E F G H

**Owner's Name**                      **Horse's Name(s)**                      **Circle choice(s)**

11. \_\_\_\_\_ A B C D E F G H

12. \_\_\_\_\_ A B C D E F G H

13. \_\_\_\_\_ A B C D E F G H

14. \_\_\_\_\_ A B C D E F G H

15. \_\_\_\_\_ A B C D E F G H

16. \_\_\_\_\_ A B C D E F G H

17. \_\_\_\_\_ A B C D E F G H

18. \_\_\_\_\_ A B C D E F G H

19. \_\_\_\_\_ A B C D E F G H

20. \_\_\_\_\_ A B C D E F G H

21. \_\_\_\_\_ A B C D E F G H

22. \_\_\_\_\_ A B C D E F G H

23. \_\_\_\_\_ A B C D E F G H

24. \_\_\_\_\_ A B C D E F G H

25. \_\_\_\_\_ A B C D E F G H

26. \_\_\_\_\_ A B C D E F G H

27. \_\_\_\_\_ A B C D E F G H

28. \_\_\_\_\_ A B C D E F G H

29. \_\_\_\_\_ A B C D E F G H

30. \_\_\_\_\_ A B C D E F G H

31. \_\_\_\_\_ A B C D E F G H

32. \_\_\_\_\_ A B C D E F G H