

2020 Vaccination Day

Registration Form

Date: April 18, 2020 @ 2:00 pm

If you would like to take part in our 6th Annual Vaccination Day, please fill out the details below and turn into the LaGrange Co. Horse & Pony Club. Event registration and payment must be turned in by April 1, 2020. Form and payment can be mailed to P.O. Box 145 LaGrange, IN 46761

Name: _____ Phone: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Email: _____

<p>Horse #1</p> <p>Name: _____</p> <p>Check each of the services you would like to purchase:</p> <p><input type="checkbox"/> \$49.00 - Vetra Gold Combo (West Nile, Eastern & Western Equine Encephalomyelitis, Tetanus, Rhinopneumonitis/EHV type 1 and 4, Equine Influenza)</p> <p><input type="checkbox"/> \$30.00 - Potomac with Rabies</p> <p><input type="checkbox"/> \$28.50 - Rabies Only</p> <p><input type="checkbox"/> \$22.75 - Strangles</p> <p><input type="checkbox"/> \$40.00 - Coggins Test</p> <p><i>When ordering a coggins test, be prepared to offer the following information for horse: age, breed, color, any identifying markings. If this is the horse's first coggins, provide a picture.</i></p> <p>Total: _____</p>	<p>Horse #2</p> <p>Name: _____</p> <p>Check each of the services you would like to purchase:</p> <p><input type="checkbox"/> \$49.00 - Vetra Gold Combo (West Nile, Eastern & Western Equine Encephalomyelitis, Tetanus, Rhinopneumonitis/EHV type 1 and 4, Equine Influenza)</p> <p><input type="checkbox"/> \$30.00 - Potomac with Rabies</p> <p><input type="checkbox"/> \$28.50 - Rabies Only</p> <p><input type="checkbox"/> \$22.75 - Strangles</p> <p><input type="checkbox"/> \$40.00 - Coggins Test</p> <p><i>When ordering a coggins test, be prepared to offer the following information for horse: age, breed, color, any identifying markings. If this is the horse's first coggins, provide a picture.</i></p> <p>Total: _____</p>
<p>Horse #3</p> <p>Name: _____</p> <p>Check each of the services you would like to purchase:</p> <p><input type="checkbox"/> \$49.00 - Vetra Gold Combo (West Nile, Eastern & Western Equine Encephalomyelitis, Tetanus, Rhinopneumonitis/EHV type 1 and 4, Equine Influenza)</p> <p><input type="checkbox"/> \$30.00 - Potomac with Rabies</p> <p><input type="checkbox"/> \$28.50 - Rabies Only</p> <p><input type="checkbox"/> \$22.75 - Strangles</p> <p><input type="checkbox"/> \$40.00 - Coggins Test</p> <p><i>When ordering a coggins test, be prepared to offer the following information for horse: age, breed, color, any identifying markings. If this is the horse's first coggins, provide a picture.</i></p> <p>Total: _____</p>	<p>Horse #4</p> <p>Name: _____</p> <p>Check each of the services you would like to purchase:</p> <p><input type="checkbox"/> \$49.00 - Vetra Gold Combo (West Nile, Eastern & Western Equine Encephalomyelitis, Tetanus, Rhinopneumonitis/EHV type 1 and 4, Equine Influenza)</p> <p><input type="checkbox"/> \$30.00 - Potomac with Rabies</p> <p><input type="checkbox"/> \$28.50 - Rabies Only</p> <p><input type="checkbox"/> \$22.75 - Strangles</p> <p><input type="checkbox"/> \$40.00 - Coggins Test</p> <p><i>When ordering a coggins test, be prepared to offer the following information for horse: age, breed, color, any identifying markings. If this is the horse's first coggins, provide a picture.</i></p> <p>Total: _____</p>

Total owed: _____